

CAUSE NO. \_\_\_\_\_

THE STATE OF TEXAS	§	IN THE MAGISTRATE’S
V.	§	COURT OF
_____	§	COLLIN COUNTY, TEXAS
SO#		TRN#

**AGREED ORDER ADDING/AMENDING CONDITIONS OF DEFENDANT’S BOND**

This Cause having come before the Court for consideration of matters pertaining to amending bond conditions, and for consideration of the authorization of personal bond, and the Court determined that relief should be afforded as follows:

The accused is in jail upon:

\_\_\_\_\_ An unfiled offense, to wit: \_\_\_\_\_ .

\_\_\_\_\_ Bond has been previously set at \$ \_\_\_\_\_ .

It is ORDERED, ADJUDGED and DECREED that:

\_\_\_\_\_ Bond is set at \$ \_\_\_\_\_ *personal bond*.

**TERMS AND CONDITIONS OF BOND:**

1. \_\_\_\_\_ The accused shall report to [insert provider name & address] on [insert provider appt. date] in order to be screened for the Collin County District Attorney Opioid Treatment Program (DAOTP).
2. \_\_\_\_\_ *If medically cleared to participate* in the DAOTP by [insert provider name], the accused shall report to the DAOTP coordinator on [insert date], to begin the screening process and/or enter the program. Further, the accused shall remain in compliance with the DAOTP at all times.
3. \_\_\_\_\_ *If not medically cleared to participate* in the DAOTP by [insert provider name], the accused shall follow all substance abuse treatment recommendations made by [insert provider name], and shall report to Collin County Community Supervision and Corrections Department at 2100 Bloomdale Rd., Ste. 12262, McKinney, Texas 75071 for pre-trial bond monitoring. The accused shall pay a \$40.00 administrative fee per month to CSCD for supervision services pertaining to the substance abuse treatment recommended herein as well as all drug and alcohol testing allowable under this order. Failure to successfully complete treatment recommendations shall result in a motion to revoke bond.

4. \_\_\_\_\_ The accused shall remain drug and alcohol free for at least ten (10) days prior to initial extended-release naltrexone treatment.
5. \_\_\_\_\_ The accused shall not use, consume, or possess illegal drugs, alcohol, or controlled substances. Prescription drugs may only be used as directed by physician.
6. \_\_\_\_\_ The accused shall submit to random urinalysis testing and pay all costs associated with testing.
7. \_\_\_\_\_ The accused shall not violate the laws of the State of Texas, or other state of the United States.
8. \_\_\_\_\_ The accused shall notify the DAOTP administrators, (972)548-4345, and Collin County Supervision and Corrections Department, (972)548-5642, of all changes in employment, residence, and/or phone number within 72 hours of any such occurrence.
9. \_\_\_\_\_ The accused shall appear in Court on the date and at the time provided by the District Clerk, County Clerk, Court Administrator, and District Attorney, Bail Bondsman or the accused's attorney.

**WARNING: *Written notice to appear will be sent to accused's last known address.***

10. \_\_\_\_\_ The accused shall sign a release of information allowing the Collin County District Attorney's Office and/or the Community Supervision and Corrections Department to contact and receive information from medical and substance abuse treatment providers.
11. \_\_\_\_\_ The accused shall have a substance abuse evaluation and follow all recommendations of evaluation.
12. \_\_\_\_\_ The accused shall submit a non-diluted random urine sample for testing and/or other approved medical test as directed by the court.
13. \_\_\_\_\_ To be released through coordinated release at the date and time designated by Kim Laseter.

**Failure to comply with any term set out above shall result in revocation of bond.**

Agreed: \_\_\_\_\_ Date: \_\_\_\_\_  
Attorney for the State

Agreed: \_\_\_\_\_ Date: \_\_\_\_\_  
Attorney for the Defendant

Agreed: \_\_\_\_\_ Date: \_\_\_\_\_  
Defendant

Signed this the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
Presiding Judge