

STATE OF NEW YORK  
AMHERST TOWN COURT

:COUNTY OF ERIE  
:TOWN OF AMHERST

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The People of the State of New York  
vs.

DRUG COURT CONTRACT  
DOCKET NO. \_\_\_\_\_

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(Defendant)

I \_\_\_\_\_, The defendant in the above-captioned case do hereby agree to enter into the Drug Court Program and agree to the following conditions;

1. I hereby knowingly and voluntarily waive my constitutional and statutory rights to a speedy trial and to a preliminary hearing so long as I am enrolled in the Drug Court Program. I make this waiver after consultation with my attorney. I understand that if I fail to complete the program, my case will be remanded to the Amherst Town Court for a preliminary hearing and/or further proceedings.
2. I understand that my right to file pre-trial motions will be reserved. Should I be terminated from this program, I will have forty-five (45) days from the termination date to make such motions
3. I agree to fully cooperate with all evaluations required by the court and my case manager at a treatment agency.
4. I agree to random urine, Breathalyzer, hair, and blood samples for testing. An observed toxicology sample will be collected. This may include a search of the donor.
5. I agree to return to the Amherst Town Court as ordered by the Court for progress reviews by the Drug Court Staff and my treatment agency case manager. I understand that if I miss any court dates, a bench warrant will be issued, and that if the warrant is outstanding for more than 2 (2) weeks, then I will be released from the diversion program and the original charge(s) will be reinstated for prosecution. I further understand that if I have plead guilty to a criminal charge that I can then be sentenced at the discretion of the Drug Court Judge, should I miss any court date.
6. I understand that if I violate any terms of this contract and fail to work diligently towards the goals of the treatment program, my case will be returned to the Amherst Town Court for prosecution of the original charge(s).
7. If a warrant for my failure to appear for any scheduled court date is outstanding for a length of time in excess of one year, my case will automatically be returned to the Amherst Town Court criminal calendar for prosecution or sentencing.

8. I agree to keep all treatment providers and the Court advised of my current address at all times during my participation in the Drug Court Program.
9. I understand that any new arrest while I am in the Amherst Drug Court Program must be reported to my treatment provider primary counselor, and to the Amherst Drug Court Staff immediately, and will be grounds for immediate termination from the program.
10. I understand and agree that the Amherst Drug Court Judge alone will determine whether or not I have complied with or failed any terms of this agreement.
11. I acknowledge that I have received, read and agree to all stipulations contained in the “Amherst Drug Treatment Court Handbook”, and I am aware of the sanctions that are available to the Amherst Drug Treatment Court Judge for the violation of any of the rules stipulated in the aforementioned Amherst Drug Treatment Court Handbook.
12. By signing this document you are acknowledging and consenting to a search of your person, should the treatment court staff a search of your person is necessary in conjunction with an “observed” urine toxicology test or an alcohol breath test.

DATED: \_\_\_\_\_  
 In the Town of Amherst, New York

\_\_\_\_\_  
 District Attorney Signature

\_\_\_\_\_  
 (Signature Of Defendant)

\_\_\_\_\_  
 (Print name of Defendant)

\_\_\_\_\_  
 (Signature of Defense Attorney)

\_\_\_\_\_  
 (Print Name of Defense Attorney)