



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

THE STATE OF TEXAS

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§  
§  
§  
§

IN THE DISTRICT COURT

V.

OF MONTGOMERY COUNTY, TEXAS

\_\_\_\_\_  
DEFENDANT

\_\_\_\_\_  
JUDICIAL DISTRICT

**VETERAN TREATMENT COURT WAIVER**

My participation in the Montgomery County Veteran Treatment Court requires that I waive very important rights. I have fully discussed my rights with my lawyer, or I have had an opportunity to consult with a lawyer before agreeing to enter the specialty court. I am satisfied that I understand how the program will affect my rights.

In consideration of being accepted into the above-named Montgomery County Specialty Court, I hereby freely, voluntarily and knowingly WAIVE the following:

- \_\_\_\_\_ 1. **Waiver of Right to Remain Silent:** I give up my right to remain silent regarding my compliance with and participation in the specialty court program named above. I agree to fully and HONESTLY participate in all specialty court meetings.
- \_\_\_\_\_ 2. **Searches:** I will submit to random searches of my person, vehicle, residence or other personal property at the request of the Montgomery County Community Supervision and Corrections Department for controlled substances, alcohol or any illegal drug paraphernalia.
- \_\_\_\_\_ 3. **Confrontation:** I waive any right to confront and cross-examine any witnesses concerning results of any confirmed drug test while a participant in the specialty court program named above other than for purposes of revoking my term of community supervision.
- \_\_\_\_\_ 4. **Modification of Community Supervision:** I waive any right to a hearing on any modification made to the terms of my community supervision as ordered by the specialty court named above, unless the modification involves the revocation of my term of community supervision.
- \_\_\_\_\_ 5. **Attorney Presence:** I waive any right to have an attorney present during proceedings which may occur while I am a participant in the specialty court program named above, unless proceedings may result in revocation of my term of supervision.
- \_\_\_\_\_ 6. **Ex Parte Communication Waiver:** The exchange of information regarding me that occurs between team members in staffing before court appearances is a key component of a successful specialty court program. The Judge presiding over the specialty court program named above is a part of the staffing and may receive



information about me from treatment providers, probation officers, law enforcement officers, prosecutors, social workers and others involved with my treatment and participation in the specialty court program. I understand that this information that would be received by the Judge in the absence of me or my attorney is known as an “*ex parte* communication.” I understand and agree and waive any objection to the Judge initiating, permitting, or considering such *ex parte* communication in my absence regarding my compliance and participation in the specialty court program named above.

\_\_\_\_ 7. **Extradition to the State of Texas:** I waive the right to contest any effort by any jurisdiction to return to the State of Texas.

**FREE, VOLUNTARY, KNOWING WAIVER**

At the time of executing this document, ***I am not under the influence of any substance.*** The decision to waive my rights and enter the specialty court program named above is mine alone and made of my own free will. I hereby freely, voluntarily, and knowingly waive my rights as acknowledged above. I expressly agree to accept and abide by all the terms and conditions of this specialty court as established by the Court and the Treatment Provider.

\_\_\_\_\_  
**PARTICIPANT SIGNATURE**

\_\_\_\_\_  
**DATE**

\_\_\_\_\_  
**PARTICIPANT PRINTED NAME**

\_\_\_\_\_  
**ATTORNEY FOR PARTICIPANT  
BAR NO. \_\_\_\_\_**

\_\_\_\_\_  
**DATE**

\_\_\_\_\_  
**ATTORNEY FOR THE STATE OF TEXAS  
BAR NO. \_\_\_\_\_**

\_\_\_\_\_  
**DATE**