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IN THE CIRCUIT COURT OF THE TWELFTH JUDICIAL CIRCUIT
WILL COUNTY, ILLINOIS

PEOPLE OF THE STATE OF ILLINOIS	)	
	)	
PLAINTIFF,	)	
vs.	)	
	)	
_____	)	Case No. _____

MODIFICATION OF BOND

I, _____, do hereby voluntarily agree to and request application to the Will County Mental Health Court Program. My application is made after having received the advice of my attorney _____.

I understand and acknowledge that by applying to the Will County Mental Health Court Program my bond is now modified as follows:

1. That I shall refrain from having in my body the presence of any illicit drug prohibited by the Cannabis Control Act or the Illinois Controlled Substance Act;
2. That I shall not consume alcohol;
3. That I shall refrain from having in my body the presence of any synthetic cannabinoids;
4. That I shall submit to random urinalysis as directed by the court including:
    a. Submitting to such testing by noon in the basement of the Will County Courthouse prior to each court date;
    b. Submitting to such testing upon having received phone notification 24 hours prior to the testing;
5. That I shall attend three (3) self-help meetings per week and shall present written verification of said attendance at each court date.

I have read the above conditions and understand that failure to comply with the terms as outlined will result in an increase or revocation of my bond.

_____ _____
Defendant Attorney for the Defendant

DATE:_____

ENTERED: _____

JUDGE:

☐ Original- Court ☐ Copy- Defendant