**NEWTON COUNTY ADULT FELONY DRUG COURT**

**STATE OF GEORGIA CASE NO: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**VS**

**[DEFENDANT]\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**FOURTH AMENDMENT WAIVER FOR NEWTON COUNTY ADULT FELONY DRUG COURT (NCAFDC)**

1. Participant will from time to time upon oral or written request by team members of the NCAFDC, or any city, county, or state law enforcement officer produce a breath, spittle, urine and/or blood specimen for analysis for possible presence of a substance prohibited or controlled by any law of the state of Georgia, the United States, or any substance prohibited by the NCAFDC.
2. Participant shall submit to search of his or her person, vehicle, residence, and property with or without a warrant, at any time such request is made by city, county, or state law enforcement officers or NCAFDC staff members.

By signing this form, participant acknowledges that he/she understands the terms and conditions set forth above, that he/she has received a copy of the same, and that he/she agrees, pursuant to plea negotiations, to abide by the conditions set forth above.

This\_\_\_\_\_\_\_ day of \_\_\_\_\_\_\_\_\_, \_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Participant Signature

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Attorney for the Participant