

**WAIVER OF HEARING TO MODIFY COURT ORDER  
INSTITUTION DRUG ABUSE TREATMENT PROGRAMS**

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I have been advised and understand that I am entitled by law to a hearing and assistance of counsel before any change may be made in my Court Order. By "assistance of counsel" I understand that I have the right to be represented at the hearing by counsel. I also understand that I have the right to request the court of appoint counsel to represent me at such a hearing at no cost to myself if I am not retain counsel of my own choosing.

I hereby voluntarily waiver my statutory right to hearing and to assistance of counsel. I also agree to the following modification of my Court Order: The words "PARTICIPATE IN DRUG TREATMENT" be inserted as a condition of my release status.

Witness: Bureau of Prisons Staff	Inmate Signature
Date	Date
Agreed To: Chief U.S. Probation Officer	Date