

**COMMUNITY CONNECTIONS PROGRAM**

**CONTRACT**

I, Allie Eckersley understand that I have qualified to enter the Community Connections Program. Court Liaison and/or my attorney have explained the following conditions to me and I am voluntarily entering the Program under those conditions (listed below):

- (1) I agree to follow the Individual Treatment Plan developed by my provider.
  - (a) I will fully participate in treatment as recommended by my provider/treatment team;
  - (b) I will take all medications as prescribed by my treatment provider, if medication management is agreed upon by the participant and medication provider;
  - (c) I will refrain from using substances to the extent it may affect my ability to follow treatment outlined in my treatment plan, and/or ability to follow any requirements outlined in my CCP contract
  - (d) I will attend all individual and group counseling appointments with my provider(s). If I am unable to keep an appointment I will call my provider in advance to reschedule; and
  - (e) I will follow all other terms in my Individual Treatment Plan.
- (2) I will attend all scheduled court appearances and will bring any required documentation from my providers to each appearance.
- (3) I will remain of good behavior as defined by the parties and by law;
- (4) I understand that if I do not follow any of these conditions, the Court Liaison will report my non-adherence to the Prosecutor. The Prosecutor may use this report to file a motion with the court. Before any motion is filed, a meeting may be held between the Prosecutor, Court Liaison and my attorney, if I am represented, to discuss possible alternatives for resolving these issues outside of Court in an effort to secure my continued participation in the Program.
- (5) If any motion is filed alleging my failure to comply with the terms of any sentencing order, agreement, or with my plan, I will be required to appear before the Judge at a hearing. My attorney, if I am represented, will appear with me at this hearing. I understand that I will be entitled to due process at this hearing.
- (6) If I choose to leave the Program, I will notify Court Liaison and my attorney immediately, and I understand that the Court will redirect my case back through the normal court process.

Docket #:

(7) I understand and agree that one year after ending the Community Connections Program a criminal records (NCIC) check will be done to follow-up on my status.

(8) Additional Terms and Conditions (if needed)  
Meet with Court Liaison on a minimum of a biweekly basis.

The defendant waives any right to a speedy trial on this matter and understands that if any condition above is breached the State may motion to reinstate the charge(s).

<u>Alexandra Eckerley</u> Participant Signature	<u>Alexandra Eckerley</u> Participant Printed Name	<u>11/14/2024</u> Date
<u>[Signature]</u> Attorney for Participant Signature	<u>Kimberly A. Kossick</u> Attorney's Printed Name	<u>11/14/2024</u> Date
<u>Savona Summers</u> Court Liaison Signature	<u>Savona Summers</u> Court Liaison Printed Name	<u>11/14/2024</u> Date
<u>Benjamin Bennett</u> Prosecutor Signature	<u>Benjamin Bennett</u> Prosecutor Printed Name	<u>11/14/2024</u> Date

Approved, so ordered (not required for Track 1)

<u>Amy B. Messer</u> Justice Signature	<u>Amy B. Messer</u> Justice Printed Name	<u>11/14/2024</u> Date
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**CRIMINAL RECORD CHECK CONSENT**

I, Alexandra Eckerley, 12/04/1994, authorize  
Print Client's Name Date of Birth

The Community Connections Program to obtain a copy of my state and national criminal record from the MANCHESTER Police Department, in addition to a motor vehicle record at anytime during my participation within the program. The information obtained is to be used to determine acceptance and compliance with the Community Connections Program contract, which requires me to remain arrest free and to report any contact with law enforcement.

I further authorize the Hillsborough County House of Corrections to obtain a copy of my state and national criminal record, in addition to a motor vehicle record at anytime after my completion of the program. This authorization shall expire 3 years from the date of successful completion of the program and shall be used to evaluate program effectiveness and recidivism only.

Alexandra Eckerley  
Client Signature 11/14/2024  
Date

Incarceration days suspended: 18 mos.

Incarceration days deferred: \_\_\_\_\_