

**IN THE CIRCUIT COURT OF THE FIRST JUDICIAL CIRCUIT  
IN AND FOR SANTA ROSA COUNTY, FLORIDA**

**STATE OF FLORIDA**

**Case Number(s):** \_\_\_\_\_

v.

\_\_\_\_\_

**DC #:** \_\_\_\_\_

**DEFENDANT'S PRO SE MOTION FOR MODIFICATION  
OR EARLY TERMINATION OF SUPERVISION**

Defendant's Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email: \_\_\_\_\_

Date Placed on Supervision: \_\_\_\_\_

Length of supervision ordered: \_\_\_\_\_

**Defendant is requesting (select one):**

Early termination of supervision       Convert balance of Community Control to Probation

Other modification: \_\_\_\_\_

Reason for request (may attach add'l pages): \_\_\_\_\_

\_\_\_\_\_

**The Defendant must give this form to the supervising Probation/Community Control Officer.**

**POSITION OF PROBATION/COMMUNITY CONTROL OFFICER**

No objection       Objection

Signature \_\_\_\_\_

Date: \_\_\_\_\_

Email: \_\_\_\_\_

Comments: \_\_\_\_\_

**The Probation/Comm. Control Officer must forward this form (and any add'l pages) to the ASA.**

**POSITION OF ASSISTANT STATE ATTORNEY**

No objection       Objection

Signature \_\_\_\_\_

Date: \_\_\_\_\_

Printed Name \_\_\_\_\_

Comments: \_\_\_\_\_

**The ASA must e-file this form (and any add'l pages) as a proposed order.**

**ORDER ON ABOVE MOTION**

\_\_\_ **GRANTED**    \_\_\_ **DENIED**    \_\_\_ **SET FOR HEARING**

Copies to: ASA, Defendant, Supervising Ofc.

\_\_\_\_\_  
Circuit Court Judge