

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

STATE OF FLORIDA

Case Number(s) _____

v.

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

Defendant's Address _____

Phone Number and EMAIL _____

Probation/CC Officer Name and Phone Number _____

Date Placed on Supervision/Probation _____

Reason for Request (Attach additional paperwork/statement, if necessary) _____

The defendant shall take this form to his/her supervising probation /community control officer.

POSITION OF PROBATION/COMMUNITY CONTROL OFFICER

☐ No Objection ☐ Objection

Signature _____

Date _____

Printed Name _____

Comment, if any _____

The supervising probation/community control officer shall forward form to the ASA.

POSITION OF ASSISTANT STATE ATTORNEY

☐ No Objection ☐ Objection

Signature _____

Date _____

Printed Name _____

Comment, if any _____

The assigned Assistant State Attorney shall e-file proposed order.

ORDER GRANTING/DENYING ABOVE MOTION

☐ Granted ☐ Denied ☐ Set for Hearing

Circuit Court Judge

Copies to: ASA, Defendant, Clerk of Court, State Probation