

STATE OF FLORIDA

vs.

Case No. _____

Defendant, pro se

DEFENDANT'S PRO SE MOTION FOR TERMINATION OF SUPERVISION

Date of Birth: _____

Address: _____ City/State/Zip _____

Probation/CC Officer Name & Phone Number _____

Date placed on this supervision: _____ Action requested: _____

Attach supporting documentation, if any.

Why your request should be granted: _____

Attach additional sheet, if needed.

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 _____

Comments: _____

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

POSITION OF ASSIGNED ASSISTANT STATE ATTORNEY:

No Objection/Objection. Signature _____ Date _____

Comments:

The assigned ASA shall forward form to Felony Clerk. The Clerk shall forward form to Judge.

ORDER GRANTING/ DENYING MOTION FOR TERMINATION

The defendant's motion is **GRANTED/ DENIED.** _____

Date _____ Circuit Judge _____