

**IN THE CIRCUIT COURT FOR THE FOURTEENTH JUDICIAL CIRCUIT
IN AND FOR JACKSON COUNTY, FLORIDA**

STATE OF FLORIDA,

Plaintiff,

vs.

_____ ,

Defendant.

**DEFENDANT'S PRO SE MOTION FOR TERMINATION OF
PROBATION/COMMUNITY CONTROL**

Date of Birth: _____

Address: _____

Phone Number: _____

Date Placed on Supervision: _____

Set Forth With Specificity The Action You Are Requesting And The Basis For The Request:

_____ (attach additional sheets if needed)

Date Executed: _____

Signature: _____

* Upon executing the document, the Defendant shall take this form to the supervising probation officer for completion.

PROBATION/COMMUNITY CONTROL OFFICER COMMENTS

Has Defendant Completed All Terms And Conditions Of Probation/Community Control? YES or NO

Has Defendant Had Any Violations While On Probation/Community Control? YES or NO

Additional Comments: _____

Date Executed: _____

Signature: _____

* Upon having supervising probation/community control officer complete form, the Defendant shall file a copy of the *completed* form with the Clerk of Court who shall send a copy to the State Attorney and schedule the matter for hearing.