

IN THE CIRCUIT COURT OF THE  
SECOND JUDICIAL CIRCUIT, IN  
AND FOR LEON COUNTY, FLORIDA

STATE OF FLORIDA

CASE NO.

v.

SPN:

Defendant. \_\_\_\_\_ /

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

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

Probation/CC Officer Name & Phone #: \_\_\_\_\_

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 forward form to the Assigned Judge's Chambers.*

**ORDER GRANTING/DENYING ABOVE MOTION**

The Defendant's Motion is \_\_\_\_\_ GRANTED \_\_\_\_\_ DENIED; or \_\_\_\_\_ Set Hearing

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

\_\_\_\_\_  
CIRCUIT JUDGE

cc: ASA, Defendant, Clerk of Court, State Probation