

**INFORMATION FORM FOR MOTION TO MODIFY OR TERMINATE  
SUPERVISION EARLY**

**YOU MUST TAKE THIS FORM TO YOUR PROBATION/COMMUNITY CONTROL OFFICER. THE OFFICER WILL COMPLETE THE FORM AND SEE THAT IT GETS TO COURT. YOU MUST TELL THEM THE DATE OF YOUR HEARING SO THAT THEY CAN GET THE FORM TO COURT ON TIME. YOU WILL NOT GET THE FORM BACK. IF THE JUDGE DOES NOT SEE THIS FORM AT THE TIME OF YOUR HEARING, YOUR MOTION WILL BE DENIED.**

Clearly print your name: \_\_\_\_\_

Clearly print your case number, including the division number: \_\_\_\_\_

The date your motion is set for hearing: \_\_\_\_\_

The Judge before whom your hearing is set: \_\_\_\_\_

Check the type of supervision you are trying to modify and/or terminate:

Community Control \_\_\_\_\_ Probation \_\_\_\_\_ Drug Offender Probation \_\_\_\_\_ Sex  
Offender Probation \_\_\_\_\_ Community Control followed by Probation \_\_\_\_\_.

**DO NOT WRITE BELOW THIS LINE. THIS PART WILL BE COMPLETED BY  
YOUR PROBATION/ COMMUNITY CONTROL OFFICER!!!**

Length of supervision imposed: \_\_\_\_\_

Any outstanding violation of probation pending or anticipated? \_\_\_\_\_yes \_\_\_\_\_ no

Monetary conditions: Fines \$ \_\_\_\_\_ (outstanding balance, if any)

Court Costs \$ \_\_\_\_\_ (outstanding balance, if any)

COS \$ \_\_\_\_\_ (outstanding balance, if any)

Restitution \$ \_\_\_\_\_ (outstanding balance, if any)

Other \$ \_\_\_\_\_ (If "other", please specify the nature and outstanding balance:  
\$ \_\_\_\_\_)

Please specify any conditions of supervision *not* completed: \_\_\_\_\_

Please include any comments you feel are relevant to the Defendant's Motion:  
\_\_\_\_\_

Signature of Officer completing this form \_\_\_\_\_ Date: \_\_\_\_\_

**PLEASE DELIVER OR FAX THIS FORM TO THE JUDGE ASSIGNED TO THE CASE  
AT LEAST FIVE (5) DAYS PRIOR TO THE HEARING SET FORTH ABOVE.**

**JUDGE HANDSEL'S FAX NUMBER 1-727-815-7070**