

IN THE COUNTY COURT OF THE SIXTH JUDICIAL CIRCUIT
OF THE STATE OF FLORIDA IN AND FOR PASCO COUNTY

STATE OF FLORIDA

CASE NO(S): _____

vs.

_____ SPN: _____

**MOTION FOR ROLL OVER FROM COMMUNITY CONTROL TO
PROBATION**

COMES NOW the defendant and moves this Honorable Court to grant roll over from
Community Control to Probation, and for reason would show: _____

DATED this ____ day of _____, 20____.

Defendant's Signature
Name: _____
Address: _____

Telephone: _____

NOTICE OF HEARING

PLEASE TAKE NOTE that on the ____ day of _____, 20____,
at the hour of _____ a.m./p.m., or as soon thereafter as may be heard, the Defendant's Motion
for Roll over from Community Control to Probation will be heard before the Honorable Joshua
Riba, at the West Pasco Judicial Center, 7530 Little Road, New Port Richey, Florida 34654.

I HEREBY CERTIFY that a copy of the foregoing motion and notice of hearing have
been provided to the Office of the State Attorney, Probation and Parole, Honorable Joshua Riba
and to the Defendant this ____ day of _____, 20__.

Defendant's signature

If you are a person with a disability who needs any accommodation in order to participate in this
proceeding, you are entitled, at no cost to you, to the provision of certain assistance. Please contact
the Pasco County Customer Service Center, 8731 Citizens Drive, New Port Richey, FL 34654, (727)
847-2411 (V) or the Pasco County Risk Management Office 7536 State Street, New Port Richey, FL
34654, (727) 847-8028 at least 7 days before your scheduled court appearance, or immediately upon
receiving this notification if the time before the scheduled appearance is less than 7 days; if you are
hearing or voice impaired, call 711.

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INSTRUCTIONS

FOR PROBATION HEARING REQUESTS FOR EARLY TERMINATION, MODIFICATIONS, ROLLOVERS AND LIFT NO CONTACT

FOR FELONY DIVISION #4 – JUDGE RIBA

1. Fill out the **top** of the Motion form. Please include all information including case number and complete address including zip code.
2. The completed form can be sent in by mail to:

Honorable Joshua Riba
7530 Little Road
New Port Richey, Florida 34654

OR

Please deliver the form in person to Judge Riba's chambers located on the third floor of the courthouse. You may call Judge Riba's assistant from the internal phone in the doorway by the mailbox and if available, the judicial assistant can provide you with a date and time for court.

Your form may also be left in Judge's mailbox at any time during the day. If you do not have a court date, one will be chosen for you a copy mailed to you. The judicial assistant will file the original with the Clerk, a copy to the State, a copy to Probation and a copy for the Judge.

Please call with any questions, (727)815-7174.

**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.**