

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

STATE OF FLORIDA

CASE NO(S): \_\_\_\_\_ CFAWS

vs.

\_\_\_\_\_ SPN: \_\_\_\_\_

**MOTION TO MODIFY PROBATION**

COMES NOW the defendant and moves this Honorable Court to modify 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 to Modify 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 on this \_\_\_\_\_ day of \_\_\_\_\_, 2016.

\_\_\_\_\_  
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 (V) 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.

## 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.**