

STATE OF FLORIDA

vs.

Case No. \_\_\_\_\_

\_\_\_\_\_,  
Defendant, pro se

**DEFENDANT'S PRO SE MOTION FOR MODIFICATION OF SUPERVISION**

Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_ City/State/Zip \_\_\_\_\_

Probation/CC Officer Name & Phone Number \_\_\_\_\_

Date placed on this supervision: \_\_\_\_\_ Action requested: \_\_\_\_\_

Attach supporting documentation, if any.

Why your request should be granted: \_\_\_\_\_

Attach additional sheet, if needed.

*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 \_\_\_\_\_

Comments: \_\_\_\_\_

*The supervising probation/community control officer shall forward form to the assigned ASA.*

**POSITION OF ASSIGNED ASSISTANT STATE ATTORNEY:**

No Objection / Objection. Signature \_\_\_\_\_ Date \_\_\_\_\_

Comments: \_\_\_\_\_

*The assigned ASA shall forward form to Felony Clerk. The Clerk shall forward form to Judge.*

**ORDER GRANTING / DENYING MOTION FOR MODIFICATION**

The defendant's motion is **GRANTED / DENIED.** \_\_\_\_\_

Date \_\_\_\_\_ Circuit Judge \_\_\_\_\_