IN THE _____ COURT OF THE THIRTEENTH JUDICIAL CIRCUIT IN AND FOR HILLSBOROUGH COUNTY, FLORIDA CRIMINAL DIVISION

vs. DEFENDANT, BOND COMPANY, AND BAIL BOND AGENT, Defendants.		CASE I	CASE NO.: DIVISION: BOND POWER NUMBER(S):	
		DIVISI		
		, BOND		
	MOTION TO DISCHARGE [Section 903.26(5)			
court to dis-	ioner,charge the forfeiture pursuant to refore alleges:	, through section 903.26	the undersigned attorney, moves this $6(5)(a)$ or (b), Florida Statutes, and as	
1. defendant: <u>Charge</u>	-	Amount	Power Number	
		\$		
2. this court to Notice(s) of	That onforfeited said bond(s) on Forfeiture is/are attached as Exh	, 20	, the defendant failed to appear, and, 20 A copy of the	
3.	The forfeiture should be discharged because:			
A.	Under section 903.25(5)(a), Florida Statutes:			
	required, or within 60 days	after the date endant's control	ar on the scheduled court date due as of the required appearance, due to , to wit:	
В.	Under section 903.25(5)(b), F I. The defendant's confi	Florida Statutes:	d·	
		, 2	20, which was at the time of the	

		On	, 20, which was within days	
		after the date of the re		
	II.	The forfeiture should	be discharged because (check all that apply):	
			, 20, the defendant was confined in (an institution or	
		hospital). Proper docu	imentation from the institution or hospital is attached	
			, 20, the defendant was confined to	
			(a county/state/federal/immigration ect one). Proper documentation from the detention Exhibit ""	
		Defendant was deport documentation from the	red on, 20 Proper ne detention facility is attached as Exhibit ""	
		Defendant was deceased documentation of the	sed on, 20 Proper defendant's death is attached as Exhibit õ"	
4. mailed.	That	this motion is filed within sixty (60) days after the notice of forfeiture was		
Order of For	rfeiture, id 943.2	subject to the payment 25, Florida Statutes, and	s that this court grant said motion, and discharge the of state and local assessments authorized by sections any costs to the State, Sheriff and Clerk recoverable in	
Dated:				
			Attorney Signature	
			Printed Name:	
			Florida Bar Number:	
			Address:City, State, Zip:	
			Telephone:	
			Email:	
		CERTIFIC	CATE OF SERVICE	
			regoing document has been furnished to the State	
			@sao13th.com and the Clerk's Legal Counsel at e e-fling portal by e-service on the day of	
		, 20	or and any or any or	
			Attorney Signature	