IN THE CIRCUIT COURT OF THE THIRTEENTH JUDICIAL CIRCUIT

HILLSBOROUGH COUNTY, FLORIDA

CRIMINAL JUSTICE DIVISION

STATE OF FLORIDA,

vs. CASE NO.:

 DIVISION: “Y”

 ,

Defendant. (DOB: \_\_/\_\_/\_\_)

 /

**ACKNOWLEDGMENT OF TRANSFER**

 I, , acknowledge that the Judicial Circuit Drug Court has agreed to accept Transfer of Jurisdiction and Venue for this case \_\_-CF-\_\_\_\_ to County. I have signed an Agreement accepting the terms of the County Drug Court Program and shall enter into treatment as ordered.

I, , further acknowledge that I shall report to the Drug Coordinator or his/her designee within two business days of signing this document and that failure to do so may result in my arrest.

My case number on the transferred charge(s) to County is:
\_\_-CF-\_\_\_\_.

**Contact information:**

Drug Court Coordinator:

Office of the Court Administration

Circuit:

Address:

Phone Number:

**{Additional language continued on next page}**

Defendant’s signature Witness signature

Print Name: Print Name:

Date: Date:

**DONE AND ORDERED**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

ELIZABETH G. RICE

Circuit Court Judge

*Conformed copies furnished via U.S. Mail to:*

X Insert Name of Plaintiff/Counsel for Plaintiff (as appropriate)

X Insert Name Counsel for Defendant (as appropriate)

X Insert Name Defendant

X Department of Corrections

X Drug Court Coordinator in County

OR

*Electronically conformed copies furnished via JAWS*

*to all parties/counsel properly associated to the case*

*or added in JAWS to receive event notifications as of*

*the date of this order.*