IN THE CIRCUIT COURT OF THE THIRTEENTH JUDICIAL CIRCUIT

HILLSBOROUGH COUNTY, FLORIDA

CRIMINAL JUSTICE DIVISION

STATE OF FLORIDA,

vs. Case No.:

 Division: “Y”

,

 Defendant.

 /

**ORDER TO APPEAR FOR VIOLATION OF**

**PROBATION/COMMUNITY CONTROL**

**(VIA ZOOMTM)**

**TO:**

 **YOU ARE COMMANDED** to appear **virtually** before the Honorable Elizabeth G. Rice, Circuit Court Judge, on **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 2020, at \_\_\_\_\_ .m.,** at the George Edgecomb Courthouse (Criminal Annex), located at 401 N. Jefferson St., Tampa, Florida 33602,to show cause why you should not be adjudged in violation of your probation/community control as ordered by this court.

The hearing will be conducted by electronic means only and not in person. The Court’s ZoomTM link and meeting ID for this hearing are as follows:

**ZOOMTM VIRTUAL HEARING ROOM**

Meeting ID: 999 0248 6065

**Join ZoomTM Hearing by Computer or Tablet**

<https://zoom.us/j/99902486065>

Meeting ID: 999 0248 6065

**Join ZoomTM Hearing by Cellphone or ZoomTM App**

(786) 635–1003

Meeting ID: 999 0248 6065

The ZoomTM App is available **for free** for iOS and Android devices, and it also may be accessed via desktop computer (with camera and microphone). You **do not** need an account or have to pay a fee to use this service. Please visit the ZoomTM Help Center at <https://support.zoom.us> to familiarize yourself with the service.

**\*If you do not have the ability to appear at the hearing virtually through a computer or device, you will need to contact the judicial assistant immediately at (813) 276-2433.\***

**Defendant’s probation expires on \_\_/\_\_/\_\_\_\_. Pursuant to Section 948.06(1)(f), Florida Statutes, a notice to appear for this violation must be issued prior to \_\_/\_\_/\_\_\_\_ (at least one day before probation expires) in order to toll the probationary period and to retain jurisdiction over the defendant’s case. Tolling of Probation is now in effect until the matter is resolved.**

 **IF YOU FAIL TO APPEAR AS HEREBY COMMANDED, A WARRANT WILL BE ISSUED FOR YOUR ARREST.**

 (1) You are entitled to be represented by an attorney. If you are indigent, you should immediately contact the Office of the Public Defender. The Public Defender can be reached at 813-272-5980.

1. If you are a person with a disability who needs any accommodation to participate in this proceeding, you are entitled, at no cost to you, to the provision of certain assistance. Please contact the Administrative Office of the Courts ADA Coordinator by letter, telephone, or email, at 800 E. Twiggs St., Room 604, Tampa, Florida 33602, (813) 272-7040, ada@fljud13.org, within two working days of your receipt of this notice and no later than seven working days of the date the service is needed, and complete the Request for Accommodations Form online at: <http://www.fljud13.org/BusinessOperations/CourtFacilities/Forms.aspx>. If you are hearing impaired call 1 (800) 955-8771; if you are voice impaired call 1 (800) 955-8770. **THIS IS NOT A COURT INFORMATION LINE.**
2. The Affidavit of Violation setting forth the essential facts constituting the alleged violation will be attached to the conformed copy of the Order served on Defendant and will be incorporated herein by reference. **The Court orders and directs Defendant’s Probation Officer to serve a copy of this Order and the Affidavit of Violation on Defendant in the manner indicated below.**

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

ELIZABETH G. RICE

Circuit Court Judge

*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.*

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

**DEPARTMENT OF CORRECTIONS CERTIFICATE OF SERVICE**

**I HEREBY CERTIFY** a true and correct copy of the forgoing order and the affidavit of violation was served on the above-named Defendant by [ ] hand-delivery or [ ] (insert manner of service) on the date indicated below.

Defendant’s Signature/Date: Witness-Officer’s Signature/Date:

Print Name: Print Name: