

IN THE 21<sup>ST</sup> JUDICIAL CIRCUIT COURT, ST. LOUIS COUNTY

STATE OF MISSOURI

MUNICIPAL DIVISION, CITY OF FLORISSANT

CITY OF FLORISSANT,  
Vs.  
\_\_\_\_\_

Docket Date \_\_\_\_\_  
Cause No. \_\_\_\_\_  
Offense \_\_\_\_\_

Defendant

PROBATION ORDER AND CERTIFICATE

The Municipal Court for the City of Florissant has placed you on probation for a period of \_\_\_\_\_ months. All reports and notifications shall be filed in writing with the Clerk of the Court at 955/1055 St. Francois, Florissant, MO 63031. You will be under the supervision of the following court approved probation services provider \_\_\_\_\_.

YOU SHALL ABIDE BY THESE CONDITIONS OF PROBATION

1. You shall **NOT VIOLATE** any Federal, State, County or Municipal law or Ordinance which is punishable by fine and/or jail sentence.
2. You shall **REPORT** in writing any future **SUMMONS OR ARREST** within 72 hours of its occurrence. This **DOES INCLUDE** any traffic offense citations where there is no arrest.
3. You shall **REPORT** in writing any change of your residence address, telephone number or employment within 7 days of such change.
4. You shall **PAY ALL FINES AND COSTS** on or before \_\_\_\_\_
5. **SPECIAL CONDITIONS:** Programs must be completed within 90 days.

- |   |   |
|---|---|
| <input type="checkbox"/> Defensive Drivers Course               | <input type="checkbox"/> Complete SATOP/ADEP        |
| <input type="checkbox"/> ___ Hrs. Alternative Community Service | <input type="checkbox"/> Attend VIP                 |
| <input type="checkbox"/> No Drinking & Driving                  | <input type="checkbox"/> Shoplifting Deterrence     |
| <input type="checkbox"/> Obtain GED                             | <input type="checkbox"/> Domestic Violence Program  |
| <input type="checkbox"/> Restitution _____                      | <input type="checkbox"/> No contact with _____      |
| <input type="checkbox"/> complete specified work _____          |   |
| <input type="checkbox"/> Attend AA meetings ___time(s) weekly   | <input type="checkbox"/> Install Ignition Interlock |
| <input type="checkbox"/> Recoupment in the sum of _____         |   |
| <input type="checkbox"/> Other conditions _____                 |   |

I understand and agree to these terms and conditions of probation. I sign below with the full understanding that if I violate any of the foregoing conditions, the Court may revoke my probation and impose sentence or execute the sentence previously imposed.

So Ordered:

\_\_\_\_\_  
Defendant

\_\_\_\_\_  
Defendant's Attorney Bar No.

\_\_\_\_\_  
Address

\_\_\_\_\_  
Address

\_\_\_\_\_  
JUDGE

\_\_\_\_\_  
Date

\_\_\_\_\_  
Telephone

\_\_\_\_\_  
Telephone

WHITE=FILE

YELLOW=ATTORNEY

PINK=DEFENDANT