

## APPLICATION TO TERMINATE DISPOSITION/PROBATION

The purpose of this application is to request that the Court terminate the order of disposition/probation of and related to the following FILE NUMBER: \_\_\_\_\_ CASE NUMBER(S): \_\_\_\_\_

APPLICANT/CHILD's NAME: \_\_\_\_\_ DOB: \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
Number Street City County State

PHONE: \_\_\_\_\_  
Emergency Contact Name and Number

**IF UNDER AGE 18, PLEASE COMPLETE PARENT/GUARDIAN INFO:**

PARENT/GUARDIAN NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_

PROBATION OFFICER: \_\_\_\_\_

DATE(S) OF DISPOSITION/PROBATION ORDER: \_\_\_\_\_

DATE DISPOSITION/PROBATION ORDER EXPIRES: \_\_\_\_\_

PLEASE PROVIDE AN EXPLANATION OF HOW YOU HAVE COMPLETED THE PURPOSES  
OF THE DISPOSITION/PROBATION ORDER: \_\_\_\_\_

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This application to terminate the disposition/probation order is submitted this \_\_\_\_ day of \_\_\_\_\_, 201\_\_.

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Applicant