

Law Office of
JULIANNE M. HOLT
Public Defender

Thirteenth Judicial Circuit of Florida
700 East Twiggs Street, Fifth Floor
P.O. Box 172910
Tampa, Florida 33672-0910

TEL:(813) 272-5980
FAX:(813) 388-4267

RE: Defendant's *Pro Se* Motion to Withdraw Capias

A Defendant's *Pro Se* Motion to Withdraw Capias is related to your criminal case, but we cannot represent you unless the Judge appoints us to do so. Some judges will not allow the Public Defender to file a Motion to Withdraw Capias because when the Court issues the capias, the Public Defender is discharged.

Please find attached a sample format to be used in a Defendant's *Pro Se* Motion to Withdraw Capias that you can use to file this motion. You will need to fill in all of the information in the spaces provided, including: your name, case number, and the trial division in which your case was heard. Where indicated, circle the parts that apply to you and fill in the blank spaces.

Instructions on how to complete your motion, order, and notice of hearing are attached.

It is important that you bring with you to court all verification of any special conditions that you have completed. Be sure to keep copies of all of the documents.

Sincerely,

JULIANNE M. HOLT
PUBLIC DEFENDER
THIRTEENTH JUDICIAL CIRCUIT

INSTRUCTIONS

You will need to complete all of the attached forms as follows:

1. Please fill in your name, case number, and division on all of the attached documents:
 - § Defendant's *Pro Se* Motion to Withdraw Capias
 - § Order On Defendant's *Pro Se* Motion to Withdraw Capias
 - § Notice of Hearing
2. Fill in the blanks in the Motion, Order and Notice of Hearing. Words in **bold** and **separated by a slash (/)** signal a choice. You must circle one of the options. For example, if your case was a felony case, it was heard in Circuit Court. Circle the word ACIRCUIT@ in the heading of the MOTION, NOTICE OF HEARING, AND ORDER.
3. Contact the judge's judicial assistant in order to get a hearing date on your motion.
4. Once you have a hearing date, fill it in on the Notice of Hearing.
5. You must sign the Notice and Motion (**do not sign the Order**).
6. Once the documents are completed, you must:
 - A) File the **ORIGINAL** Motion, Order and Notice of Hearing with the Clerk's office.
 - B) Send a **COPY** of the Motion and Notice to the State Attorney's Office, 1st floor - 419 N. Pierce Street.
 - C) If the case is before **Judge Ficarrota (Division G)** or **Judge Foster (Division C)**, make a copy of the Motion, Order and Notice and give it to the information desk on the 1st floor of the Courthouse Annex.
7. When you come to court, bring the documents that verify the conditions you claim have been completed.
8. Be sure to keep copies of all documents for your records.

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

STATE OF FLORIDA,

Plaintiff,

CASE
NUMBER: _____

DIVISION:

v.

_____,
Defendant.

_____/

NOTICE OF HEARING

TO: HONORABLE MARK OBER
OFFICE OF THE STATE ATTORNEY
THIRTEENTH JUDICIAL CIRCUIT

YOU ARE HEREBY NOTIFIED that the undersigned with call up the motion listed below for hearing and argument before the Honorable Judge _____, in the Hillsborough County Courthouse Annex, on the ____ day of _____, 20__ at ____:____ a.m./p.m. or as soon thereafter as may be heard.

DEFENDANT'S PRO SE MOTION TO WITHDRAW CAPIAS

DATED at Tampa, Hillsborough County, Florida this ____ day of _____, 20__.

Respectfully submitted,

DEFENDANT, *PRO SE*

cc: _____, ASA
OFFICE OF THE STATE ATTORNEY

**IN THE COUNTY/CIRCUIT COURT OF THE THIRTEENTH JUDICIAL CIRCUIT
IN AND FOR HILLSBOROUGH COUNTY, FLORIDA
CRIMINAL JUSTICE DIVISION**

STATE OF FLORIDA,

CASE NUMBER: _____

Plaintiff,

DIVISION: _____

v.

_____,
Defendant.

_____/

DEFENDANT'S PRO SE MOTION TO WITHDRAW CAPIAS

COMES NOW, the Defendant, _____, *Pro Se*, and moves this Court to recall the capias previously issued in this case, and as grounds, states the following:

[Check the box of any grounds that may apply. Fill out the blank space available if any of the grounds for your motion are not listed, or if you wish to provide supporting reasons for any grounds previously checked off. Circle any options that may apply indicated between the slash [/].]

[] I did not receive a written notice of the [hearing/status conference/arraignment] scheduled on the ___ day of _____, 200_, before the Honorable _____, courtroom number _____.

[] The capias was issued and/or executed before the [prosecutor's information/ indictment] was filed.

[] The traffic violation fine payments were paid in full in the sum of \$_____.____ but were not properly and timely recorded. [Attach any proof of payment to this motion].

[] I have paid the sum of \$_____.____ for any and all court costs adjudged as a condition of payment but these payments were not properly and timely recorded. [Attach any proof of payment to this motion].

[] I have paid the sum of \$____.____ for any and all fines and/or forfeitures adjudged by the court. [Attach any proof of payment to this motion].

[] The capias mistakenly identifies me as the criminal defendant in this case when I am the victim that filed the report against_____.

[List any other grounds not previously mentioned or any supporting reasons for the grounds checked off above].

WHEREFORE, the Defendant, *Pro Se*, respectfully requests this Court withdraw the capias, which was entered in this cause.

I HEREBY CERTIFY that a copy of the foregoing motion has been furnished to _____, Assistant State Attorney, Office of the State Attorney of the Thirteenth Judicial Circuit on the ___ day of _____, 200__.

Respectfully submitted,

(Print name)

(Sign name)

Address

City, State, and Zip Code

(Telephone Number)

Defendant, *Pro Se*

IN THE **COUNTY/CIRCUIT** COURT OF THE THIRTEENTH JUDICIAL CIRCUIT
IN AND FOR HILLSBOROUGH COUNTY, FLORIDA
CRIMINAL JUSTICE DIVISION

STATE OF FLORIDA,

CASE

NUMBER: _____

Plaintiff,

DIVISION:

v.

_____,
Defendant.

_____/

ORDER ON DEFENDANT'S PRO SE MOTION TO WITHDRAW CAPIAS

THIS CAUSE having come before this Court upon the Defendant's *Pro Se* Motion to Withdraw Capias. The Court having heard argument of counsel and being otherwise fully advised in the premises, it is hereby:

ORDERED and ADJUDGED that the Defendant's *Pro Se* Motion to Withdraw Capias is hereby GRANTED/DENIED.

DONE AND ORDERED at Tampa, Hillsborough County, Florida on this ___ day of _____, 200__.

COUNTY/CIRCUIT COURT JUDGE

Copies furnished to:

_____, ASA
Office of the State Attorney; and
Defendant, *Pro Se*

Law Office of
JULIANNE M. HOLT
Public Defender

Thirteenth Judicial Circuit of Florida
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Sincerely,

JULIANNE M. HOLT
PUBLIC DEFENDER
THIRTEENTH JUDICIAL CIRCUIT

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IN THE **COUNTY/CIRCUIT** COURT OF THE THIRTEENTH JUDICIAL CIRCUIT
IN AND FOR HILLSBOROUGH COUNTY, FLORIDA
CRIMINAL JUSTICE DIVISION

STATE OF FLORIDA,

Plaintiff,

CASE
NUMBER: _____

DIVISION:

v.

_____,
Defendant.

_____/

NOTICE OF HEARING

TO: HONORABLE MARK OBER
OFFICE OF THE STATE ATTORNEY
THIRTEENTH JUDICIAL CIRCUIT

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DEFENDANT'S PRO SE MOTION TO WITHDRAW CAPIAS

DATED at Tampa, Hillsborough County, Florida this ____ day of _____, 20__.

Respectfully submitted,

DEFENDANT, *PRO SE*

cc: _____, ASA
OFFICE OF THE STATE ATTORNEY

**IN THE COUNTY/CIRCUIT COURT OF THE THIRTEENTH JUDICIAL CIRCUIT
IN AND FOR HILLSBOROUGH COUNTY, FLORIDA
CRIMINAL JUSTICE DIVISION**

STATE OF FLORIDA,

CASE

NUMBER: _____

Plaintiff,

DIVISION:

v.

_____,
Defendant.

_____/

DEFENDANT'S PRO SE MOTION TO WITHDRAW CAPIAS

COMES NOW, the Defendant, _____, *Pro Se*, and moves this Court to recall the capias previously issued in this case, and as grounds, states the following:

[Check the box of any grounds that may apply. Fill out the blank space available if any of the grounds for your motion are not listed, or if you wish to provide supporting reasons for any grounds previously checked off. Circle any options that may apply indicated between the slash [/.]]

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[] The capias mistakenly identifies me as the criminal defendant in this case when I am the victim that filed the report against_____.

[List any other grounds not previously mentioned or any supporting reasons for the grounds checked off above].

WHEREFORE, the Defendant, *Pro Se*, respectfully requests this Court withdraw the capias, which was entered in this cause.

I HEREBY CERTIFY that a copy of the foregoing motion has been furnished to _____, Assistant State Attorney, Office of the State Attorney of the Thirteenth Judicial Circuit on the ___ day of _____, 200__.

Respectfully submitted,

(Print name)

(Sign name)

Address

City, State, and Zip Code

(Telephone Number)

Defendant, *Pro Se*

**IN THE [COUNTY/CIRCUIT] COURT OF THE THIRTEENTH JUDICIAL CIRCUIT
IN AND FOR HILLSBOROUGH COUNTY, FLORIDA
CRIMINAL JUSTICE DIVISION**

STATE OF FLORIDA,

CASE

NUMBER: _____

Plaintiff,

DIVISION:

v.

_____,
Defendant.

_____/

ORDER ON DEFENDANT'S PRO SE MOTION TO WITHDRAW CAPIAS

THIS CAUSE having come before this Court upon the Defendant's *Pro Se* Motion to Withdraw Capias. The Court having heard argument of counsel and being otherwise fully advised in the premises, it is hereby:

ORDERED and ADJUDGED that the Defendant's *Pro Se* Motion to Withdraw Capias is hereby GRANTED/DENIED.

DONE AND ORDERED at Tampa, Hillsborough County, Florida on this ___ day of _____, 200__.

COUNTY/CIRCUIT COURT JUDGE

Copies furnished to:

_____, ASA
Office of the State Attorney; and
Defendant, *Pro Se*