

SELF-SUPERVISED PROBATION COMPLIANCE CHECK

FORM 417B-20

State of Iowa vs. NAME

_____ County CASE NUMBER

Charge:

ICON:

Date of Sentence:

Deferred or Suspended sentence

Tentative Discharge:

Probation Officer:

Date of Compliance Checks

1st _____ 2nd _____ 3rd _____ 4th _____ 5th _____ 6th _____

COMPLIED

Court-Ordered Conditions:

1 st	2 nd	3 rd	4 th	5 th	6 th	
_____	_____	_____	_____	_____	_____	All court-ordered probation requirements are listed here.
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	Obey the law - violations
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____

COURT COSTS (Fine, Surcharge, Attorney Fees): Payment Plan:

	1 st	2 nd	3 rd	4 th	5 th	6 th
Court Costs \$	_____	_____	_____	_____	_____	_____
Restitution \$	_____	_____	_____	_____	_____	_____
Payments \$	_____	_____	_____	_____	_____	_____
Balance \$	_____	_____	_____	_____	_____	_____

RECOMMENDATION

1 st	2 nd	3 rd	4 th	5 th	6 th	
_____	_____	_____	_____	_____	_____	Discharge is appropriate because of the above noted compliance. As judgment was deferred, the file should be expunged.
_____	_____	_____	_____	_____	_____	Revocation is appropriate because of the above noted non-compliance.
_____	_____	_____	_____	_____	_____	No court action; continue probation. If convicted of a Felony (non-deferred), Restoration of Citizenship may be found at: https://governor.iowa.gov/services/voting-rights-restoration

RESPONSE

1 st	2 nd	3 rd	4 th	5 th	6 th	
_____	_____	_____	_____	_____	_____	The state does not resist discharge. As judgment was deferred, the file should be expunged.
_____	_____	_____	_____	_____	_____	The state requests revocation because of the above non-compliance.
_____	_____	_____	_____	_____	_____	Other: _____

Signed: _____ County Attorney's Office

CC: County Attorney, Defendant, DCS