MOTION FOR EXTENSION OF TIME TO COMPLETE TERMS OF PROBATION/DEFERRED SENTENCE	FCF 700
El Paso County Combined Courts, Colorado 270 South Tejon Street Colorado Springs, CO 80903 **Parties to the Case** The People of the State of Colorado v. Defendant: _____	*This box is for court use only.*
Filed by Name: _____ Mailing Address: _____ City:_____ St: ____ Zip: _____ Phone: _____ Email: _____	Case Number: _____ Division: _____ Courtroom: _____

Defendant hereby requests an extension of time to complete the conditions or probation/deferred sentence.

I request an extension to complete _____
(specify condition – i.e. ups, alcohol classes, domestic violence counselling, etc.)

I request an extension for the following reason(s):

_____
_____
_____
_____
_____

My current status for this requirement is _____
(i.e., not enrolled, enrolled/not started, completed 12 hours of 40, etc.)

I request a new completion date of: _____

The following documents are attached in support of the motion: _____

Date:_____

_____
Defendant Signature

_____
Address

_____
City, State and Zip Code

_____
Telephone Number/Email Address

CERTIFICATE OF SERVICE

I certify that on _____ (date) a true and accurate copy of the Motion for Extension of Time to Complete Terms of Probation/Deferred Sentence was served on the other party by:
❑Hand Delivery ❑E-filed ❑Faxed to this number _____ or
❑by placing it in the United States mail, postage pre-paid, and addressed to the following:

To: Office of the District Attorney
105 East Vermijo Avenue
Colorado Springs, CO 80903

_____
Defendant's Signature