**Division 09 Revocation Agreement**

*This form is for Division 9 information only and will not be filed in the case file. Please complete the form below and return it to Division 9 at least 24 hours prior to the scheduled plea hearing.* ***DO NOT SCAN OR CONVERT TO PDF. Send as a Word document only.***

**STATE OF MISSOURI, CASE NO: Type or Paste Case Number(s)**

**Date of Plea Hearing:** Click or tap to enter a date.

**vs**

**Click here to enter Defendant’s name, DIVISION 9**

**DEFENDANT.**

**DOB:**

**SS# (last four digits):XXXX-XX-**

**Assistant Prosecuting Attorney: (Bar Number)**

**Attorney for Defendant: (Bar Number)**

**Defendant STIPULATES to violating the following conditions of his/her probation:**

**AGREEMENT AS TO DISPOSITION**

**Confinement term:** Select one: MDAI/ JCDC**.**

**Credit for Time Served:   
 YES** (Indicate time agreed to, calculated for date of hearing):  **NO  N/A**

**120** - Callback program with **Select one** upon successful completion.

**SES -** Probation Term: **Select one** year(s)

**SPECIAL CONDITIONS OF PROBATION**

YES  NO

If yes, please list the special conditions below.

**Probation Supervision:** Choose an item..   
**Defendant’s Probation Assigned to** (Leave blank if it remains Division 9): .

If assigned to another division, has the Division agreed to take the case? ☐ YES ☐ NO  
 Please Provide the next Court Date:

|  |
| --- |
| **Additional Notes:** |