|  |  |  |
| --- | --- | --- |
| STATE OF SOUTH CAROLINA | ) | IN THE FAMILY COURT |
|  | ) |        JUDICIAL CIRCUIT |
| COUNTY OF       | ) |  |
|  | ) |  |
|  | ) |  |
| A JUVENILE | ) | **RELEASE OF PROBATION** |
|  | ) |  |
|       | ) |  |
|  | ) |  |
|  | ) |  |
| A Child under Eighteen (18) Years of Age | ) | Docket No.       |

The undersigned states as follows:

1. That ([ ] he/[ ] she) is a Probation Counselor with the Department of Juvenile Justice;

2. That the above named juvenile was placed on probation by the Family Court of County for a period of      ;

3. That since being placed on probation, the juvenile has fulfilled the terms and conditions of the probation, and the purpose for which the probation was imposed has now been accomplished.

WHEREFORE, the undersigned probation counselor respectfully recommends the juvenile named above be released from probation.

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, 20\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Probation Counselor

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, S.C. Department of Juvenile Justice

O **R D E R**

Upon consideration of the report of the above named probation office,

IT IS ORDERED that the probation of       now be terminated.

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, 20\_\_\_\_

 FAMILY COURT JUDGE

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_,S.C.