(Please sign and return with your first mail-in report.)

**Mail in Agreement**

Panhandle Probation Services, LLC   
 ***33 Mar*ket Street Suite 126 Apalachicola, Florida 32320**

**Phone:850-653-1018 Fax850-653-1019**  
  
  
  
 I agreed to be placed on mail-in Supervision with Panhandle Probation Service LLC. I understand and agree to the following. My Monthly payment along with my monthly report is due in the office on or before the 5th of each month, unless other arrangements have been made for that particular month in advance. Failure to report as instructed could result in a violation of probation warrant being issued for my arrest. I have read and understand all terms and conditions of my probation or Pre-Trial release also known as conditional release.

(If you have any questions notify your probation officer immediately. Unless you live outside the State of Florida “Mail-in probation” is a privilege not a requirement.)

Probationers Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_