|  |  |  |
| --- | --- | --- |
| ATTORNEY OR PARTY WITHOUT ATTORNEY (Name and Address) | (Telephone Number) | *COURT USE ONLY* |
| ATTORNEY FOR (NAME): |  |
| SUPERIOR COURT OF CALIFORNIA • COUNTY OF MADERACriminal Division 200 South G Street  Madera, CA 93637  (559) 416-5555 | |
| **CASE TITLE:** | |
| **MODIFICATION REQUEST FORM – CRIMINAL DIVISION** | | **CASE NUMBER:** |

|  |  |  |
| --- | --- | --- |
| 1. | Modification Request: |  |
|  |  | |
|  |  | |
|  |  | |
|  |  | |
|  |  | |
|  |  |  |

|  |  |  |
| --- | --- | --- |
| 2. | Reason for Modification: |  |
|  |  | |
|  |  | |
|  |  | |
|  |  | |
|  |  | |
|  |  |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Date: |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  | Print Name |  | Signature |

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| ***(FOR COURT USE ONLY)*** | | | | | | | | | | |
| Judge: |  | |  | | |  |  |  | | |
| Schedule For Hearing: | | | Yes  No | | |  |  |  | | |
| Hearing Date: | |  | | Time: |  | | | Dept. : |  |  |
| Additional Information: | | |  | | | | | | | |
|  | | | | | | | | | | |