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|---|-----------------------------------|
| [NAME, ADDRESS & PHONE # OF PARTY MAKING THE REQUEST] | <i>FOR COURT USE ONLY</i> |
| PLAINTIFF: PEOPLE OF THE STATE OF CALIFORNIA Vs DEFENDANT: | |
| REQUEST FOR MODIFICATION OF: <input type="checkbox"/> PROBATION <input type="checkbox"/> FINE DUE DATE | HEARING DATE: CASE NUMBER: |

I, _____
[YOUR NAME]

am the defendant in this case and am seeking to modify my:

PROBATION FINE DUE DATE

Defendant's Statement of Assets (CR-115), must be attached.

due to _____
[EXPLAIN WHY THE MODIFICATION IS NEEDED AND IF NECESSARY THE TIME REQUIRED]

I can pay the fine by _____
[PROVIDE A REALISTIC DATE BY WHICH YOU CAN PAY THE FINE]

I request the court order work program in lieu of fine.

I understand the court may set this request for hearing, my available dates are: _____
I declare under penalty of perjury under the laws of the State of California the above information is true and correct.

DATED: _____
[SIGNATURE OF DEFENDANT]

[BE SURE TO COMPLETE PAGE 2 OF THE FORM]



[TO BE COMPLETED BY JUDGE]

Defendant's request is set for hearing on: _____ AT _____

Defendant's request is denied.

Defendant's request is granted. In Whole In Part

A \$30.00 collection fee is imposed pursuant to PC§1205(e). A \$30.00 collection fee was previously imposed.

DATED: _____
JUDGE OF THE SUPERIOR COURT

PROOF OF SERVICE BY MAIL

B. COCKERHAM, Clerk of the Amador Superior Court, State of California, and not a party to the within entitled action, served the attached.

REQUEST FOR MODIFICATION

on the parties in said action, by placing a true copy thereof enclosed in a sealed envelope with postage thereon addressed as shown, for collection and mailing pursuant to the ordinary business practice of the office which is that mail is collected and deposited with the United States Postal Service on the same day in the ordinary course of business.

AMADOR COUNTY OFFICE OF THE DISTRICT
ATTORNEY
708 COURT STREET
JACKSON, CA 95642

COUNSEL FOR PEOPLE
(VIA INTER OFFICE MAIL)

AMADOR COUNTY PROBATION DEPARTMENT
675 NEW YORK RANCH ROAD
JACKSON, CA 95642

(VIA INTER OFFICE MAIL)

AMADOR COUNTY JAIL
700 COURT STREET
JACKSON, CA 95642

(VIA INTER OFFICE MAIL)

DEFENDANT

[YOUR NAME]

[YOUR MAILING ADDRESS]

[YOUR CITY, STATE, ZIP]

[YOUR PHONE NUMBER]



[TO BE COMPLETED BY CLERK]

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed at Jackson, California on _____

B. COCKERHAM, CLERK

By _____
Deputy Clerk