File this form at: Amador Superior Court, 500 Argonaut Lane, Jackson, CA 95642

[NAME, ADDRESS & PHONE # OF PARTY MAKING THE REQUEST]	*FOR COURT USE ONLY*
PLAINTIFF: PEOPLE OF THE STATE OF CALIFORNIA Vs DEFENDANT:	
REQUEST FOR MODIFICATION OF: ☐ PROBATION ☐ FINE DUE DATE	HEARING DATE: CASE NUMBER:

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

[YOUR NAME]

☐ 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)
_____ [YOUR NAME]	DEFENDANT
_____ [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