

Attorney or Party Without An Attorney (Name, State Bar No. & Address) Telephone No. Attorney for:	<i>FOR COURT USE ONLY</i>
NAME OF COURT: SUPERIOR COURT OF CALIFORNIA, COUNTY OF SAN BERNARDINO STREET ADDRESS: MAILING ADDRESS: CITY, STATE ZIP: DISTRICT NAME:	
PEOPLE OF THE STATE OF CALIFORNIA vs. DEFENDANT:	
REQUEST FOR SENTENCE MODIFICATION AND ORDER	CASE NUMBER

INSTRUCTIONS: This form may be submitted to the Court and must have all supporting documentation attached at the time it is submitted to the judicial officer. Failure to do so may result in an automatic denial.

What do you want the court to do?

- Modify my sentence to allow me to attend Traffic School even though it was not initially ordered. **(If approved, I will be required to pay a \$55.00 administrative fee to the court before attending the school).**
- Modify my sentence to grant an extension.
- Modify my sentence to allow a payment plan.
- Modify my sentence to convert community service back to a fine.

I declare under penalty of perjury that the foregoing statement is true and correct to the best of my knowledge and that written proof is attached to this form as required.

SIGNATURE OF DEFENDANT

IT IS ORDERED:

- APPROVED**
 - Upon payment of **\$55.00** and balance of fines to the court, you may attend Traffic School if eligible.
 - You are granted an extension of time to _____ to complete your sentence.
 - Payment Plan is granted at the rate of _____ per month beginning _____.

DENIED

OTHER _____

DATE

JUDICIAL OFFICER SIGNATURE

IF YOU FAIL TO PAY, AN ADDITIONAL \$300 CIVIL ASSESSMENT PLUS PENALTIES WILL BE APPLIED TO YOUR CASE.