ATTORNEY OR PARTY WITHOUT ATTORNEY *(Name, Address.)*: Telephone No.: Bar No. Facsimile No.: E-Mail address *(optional):* ATTORNEY FOR *(Name)* :	***FOR COURT USE ONLY***
SUPERIOR COURT OF CALIFORNIA, COUNTY OF ORANGE JUSTICE CENTER: ☐ Central - 700 Civic Center Dr. West, Santa Ana, CA 92701 ☐ Harbor-Newport Beach - 4601 Jamboree Rd., Newport Beach, CA 92660 ☐ Lamoreaux – 341 City Drive, Orange, CA 92868 ☐ North - 1275 N. Berkeley Ave., P. O. Box 5000, Fullerton, CA 92838-0500 ☐ West - 8141 13th Street, Westminster, CA 92683	
People of the State of California vs. Defendant:	
PETITION FOR MODIFICATION OF SENTENCE	**Case Number:**

Booking No.: _____

Charge Convicted of: _____
Sentencing Judge: _____

The undersigned defendant petitions the above-entitled Court for the following modification of his/her sentence:

Reason for Modification:

_____
Signature of Defendant

☐ Your Petition for Modification is denied.
☐ Your Petition for Modification is granted.

_____
Judge of the Superior Court

Submit original and 1 copy
Do not write on reverse of form

Original to file - Duplicate to be returned to Defendant