ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, Address, Teleph	none No.)	FOR COURT USE ONLY
ATTORNEY FOR ((Name)	Bar No.	
SUPERIOR COURT OF CALIFORNIA, COUNTY OF OR JUSTICE CENTER:	ANGE	
Central-700 Civic Center Dr. West, Santa Ana, CA 927 Harbor-Newport Beach-4601 Jamboree Rd., Newport I North-1275 N. Berkeley Ave., P. O. Box 5000, Fullerton West - 8141 13th Street, Westminster, CA 92683	Beach, CA 92660	
People of the State of California		
vs. DEFENDANT:		
Petition to Modify or Order Victim Restitution and I	Notice of Hearing	Case Number:
Check one		
The defendant,	, hereby reques	sts a hearing to seek modification of
The People of the State of California hereby request a he on the above entitled case to include an order of restitution		ion of the sentence or probation order
The following information is offered for the Court's cor	isideration (<i>attach a se</i> r	parate page if necessary):
L declare under the penalty of periury under the lay		

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

Date:_____

(Signature of Petitioner)

(Type or print name)

(Signature of Attorney for Petitioner)

For Court Use Only

NOTICE OF HEARING

CASE CALENDARED FOR: ______ at 8:00 AM in Department _____ for Restitution Hearing.

For Clerk's Office Use Only

CLERK'S CERTIFICATE OF SERVICE

- 1. I certify that I am not a party to this action.
- 2. I further certify that I placed a copy of this notice in an area specially designated for Personal delivery within the ______ to the following parties, District Attorney; ______ City Attorny; Public Defender; Victim Witness Office.
- 3. I am readily familiar with the local practice for the collection of in house mail and that this notice was delivered on the date reflected below.

This notice was delivered on (date):

DAVID H. YAMASAKI, Clerk of the Court

Ву _____

Deputy Clerk

CLERK'S CERTIFICATE OF MAILING

I certify that I am not a party to this action. This *Petition to Modify or Order Victim Restitution and Notice of Hearing* was mailed first class, postage prepaid, in a sealed envelope addressed as shown below.

Name: Address: City / State: Zip Code:

The mailing and this certification occurred at (place)_____, California, on _____.

DAVID H. YAMASAKI, Clerk of the Court

Ву _____

Deputy Clerk