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| ATTORNEY OR PARTY WITHOUT ATTORNEY *(Name, State Bar number, and address)*:                    TELEPHONE NO.:       FAX NO.:      E-MAIL ADDRESS:      ATTORNEY FOR (Name):       | *FOR COURT USE ONLY*  |
| SUPERIOR COURT OF CALIFORNIA, COUNTY OF MADERA200 South G StreetMadera, CA 93637Criminal Division |
| PEOPLE OF THE STATE OF CALIFORNIAVS.

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| DEFENDANT: |       |

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| **MODIFICATION REQUEST FORM – CRIMINAL DIVISION** |
|  | CASE NUMBER:      |

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| 1. | Modification Request: |       |
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| 2. | Reason for Modification: |       |
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| Date:  |       |  |  |  |  |
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|  |  |  | Print Name |  | Signature |

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| ***(FOR COURT USE ONLY)*** |
| Judge:  |  |  |  |  |  |
| Schedule For Hearing:  | [ ]  Yes [ ]  No |  |  |  |
| Hearing Date: |  | Time:  |  | Dept. :  |  |  |
| Additional Information: |  |
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