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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 MADERA 200 South G Street  Madera, CA 93637  Criminal Division |
| PEOPLE OF THE STATE OF CALIFORNIA  VS.   |  |  | | --- | --- | | DEFENDANT: |  | |
| **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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