ATTORNEY OR PARTY WITHOUT ATTORNEY *(Name, State Bar number, and address)*:	*FOR COURT USE ONLY*
TELEPHONE NO.: FAX NO.: E-MAIL ADDRESS: ATTORNEY FOR (Name):	
SUPERIOR COURT OF CALIFORNIA, COUNTY OF MADERA 200 South G Street Madera, CA 93637 Traffic Division	
PEOPLE OF THE STATE OF CALIFORNIA VS. DEFENDANT: _____	
MODIFICATION REQUEST FORM – TRAFFIC DIVISION	
	CASE NUMBER:

1. Modification Request: _____

2. Reason for Modification: _____

Date: _____

_____ _____
Print Name Signature