ATTORNEY OR PARTY WITHOUT ATTORNEY	STATE BAR NUMBER	FOR COURT USE ONLY
NAME		
FIRM NAME		
STREET ADDRESS	07475	
CITY	STATE ZIP	
TELEPHONE NO.	FAX NO.	
EMAIL ATTORNEY FOR (name)		
ATTORNEY FOR (name)		
PEOPLE OF THE STATE OF CALIFORNIA vs		
DEFENDANT:		
		CASE NUMBER
MODIFICATION OF SENTENCE		FOR COURT USE ONLY
(Penal Cod	le §18.5(b))	DATE:
		TIME:
	INSTRUCTIONS	
Before filing this form, applicant should co	onsult local court rules to determine if a formal h	nearing on the application will be scheduled
		isamig on the application this 20 constance.
Upon the filing of the application, the petitioner/applicant Is required to immediately serve the office of the prosecuting agency (the district attorney or city attorney, as appropriate) with a copy of the application. It may be served personally or by mall; the signed Proof of Service, attached to this form, must be filed with the court.		
1. CONVICTION INFORMATION		
CONVICTION A:		
		in the above entitled case.
Applicant further states that as a re	esult of the conviction, he/she was sent	enced to 365 days in county jail on count
in the above entitle	ed case.	
CONVICTION B:		
On, Applicant s	states that he/she was convicted of:	in the above entitled case.
Applicant further states that as a re	esult of the conviction, he/she was sente	enced to 365 days in county jail on coun
in the above entitle	ed case.	
2. REQUEST FOR RELIEF		
<ul> <li>a.  MODIFICATION OF SENTE</li> </ul>	NCE	
Applicant requests the sentence	e be modified to a term of 364 as provid	ed in the Penal Code Section §18.5(b)
as to count(s):	·	
* * * * * * * * * * * * * * * * * * * *		
b. WAIVER OF APPEARANCE		
☐ Applicant waives the right to appearance.	be present and agrees that the matter	may be heard without his/her
Dated:		
	Signature of	f Petitioner/Applicant

**MODIFICATION OF SENTENCE** 

PEOPLE OF THE STATE OF CALIFORNIA vs. DEFENDANT:	CASE NUMBER
PROSECUTING AGENCY RESPONSE	
☐ The prosecuting agency has no objection to this application. Applicant i a hearing.	s entitled to the requested relief without
☐ The prosecuting agency requests a hearing and objects to the granting ☐ Petitioner/applicant was not convicted of an eligible offense ☐ Other:	• •
Dated:	
Signature of	Prosecuting Attorney

## PROOF OF SERVICE

	☐ Personal Service	☐ Service by Mail
1.	Person service: I am over the age of 19 and (1) Name:	
	(3) Telephone:	
2.	I served a copy of the Application for Modifica	ation of Sentence as follows ( <i>check one</i> ):
	□ a. Personal Service - I personally deliver address listed below:	ed the Application for Modification of Sentence of the person at the
	(1) Name of person served:	
	• •	
	(4) Time Served:	
	sealed envelope with first class postag  (1) Name of person served:  (2) Address where served:	cation for Modification of Sentence in the United States mail, in a ge fully prepaid. The envelope was addressed as follows:
	clare to the best of my information and belief th	nat the foregoing is true and correct.
Date	ed:	Signature of Declarant
		Printed Name of Declarant

PROOF OF SERVICE