

ATTORNEY OR PARTY WITHOUT ATTORNEY (<i>Name, State Bar number, and address</i>): TELEPHONE: FAX NO. (<i>Optional</i>): ATTORNEY FOR (Name):	FOR COURT USE ONLY
SUPERIOR COURT OF CALIFORNIA, COUNTY OF BUTTE <input type="checkbox"/> Butte County Courthouse One Court Street, Oroville, CA 95965 (530) 532-7002	<input type="checkbox"/> North Butte County Courthouse 1775 Concord Avenue, Chico, CA 95928 (530) 532-7002
PEOPLE OF THE STATE OF CALIFORNIA VS.	CASE NUMBER(S):
PETITION FOR MODIFICATION OF PENALTIES	CASE NUMBER(S):

Petitioner hereby requests following modification of penalties: (attach extra sheet if necessary)

Petitioner hereby requests modification for the following reasons: (attach extra sheet if necessary)

I declare under penalty of perjury that the above information is true and correct, to the best of my knowledge.

Date: _____

(Signature of Defendant/Petitioner)

(Printed Name of Defendant/Petitioner)