

JUDICIAL OVER THE COUNTER MODIFICATION REQUEST

Judicial Officer _____ Department# _____ Courtroom # _____

Name _____
Street Address _____
City/Zip Code _____
Phone Number _____

Is there more than one case that you are requesting to modify? _____
If so, list all related case number(s): _____

Modification requested: _____

Submitting Party's Signature: _____ Date: _____
Attorney of Record: _____

ORDER

Request **GRANTED**: _____ Request **DENIED**: _____

Judge's Comments: _____

Set Hearing for: Date: ___/___/___ Time: __:___ Department _____
Date: _____

Judicial Officer of the Superior Court of California,
County of Sonoma

(Office Use Only)

Intake Clerk: _____ Date: ___/___/___
File: ___ UTL: ___ Storage/Box# _____ Ordered on: ___/___/___

Processing Clerk: _____
Defendant/DA's Office/_____ notified by mail/courier on: ___/___/___