

OVER THE COUNTER MODIFICATION REQUEST

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 is for:

Fine Volunteer Hours Jail Sentence DUI School Referral

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

(Office Use Only)

[IC] - IN CHAMBERS - DEPARTMENT #[] [G8] Probation Modified
[G16] All other terms and conditions remain in full force and effect

FINE

[J18] Fine \$ _____ [J19] Previous balance \$ _____
[J21] Suspend \$ _____ - converted to _____
[J18A] payable by ___/___/____ [J18B] at \$ _____ per month, beginning on ___/___/____
plus a \$35 dollar processing fee [J18C] Payable to the Clerk's Office

VOLUNTEER HOURS

[H6] Complete _____ hours through the Sonoma County Volunteer Center as directed by
___/___/____. [H9] contact by ___/___/____. [H8] in lieu of _____
[H7] volunteer hours vacated

JAIL SENTENCE

[M] Defendant sentenced to _____ days/months previously imposed
[] advance and stayed to ___/___/____ at ___:___ p.m., surrender to NCDF/MADF
[] vacate previous stay date of ___/___/____

DDP REFERRAL

[H28] FODDP Referral/Re-referral
[H28A] 9 month Program Re-referral
[H29] MODDP Referral
[H31] MODDP Re-referral
[H30] Enroll within 21 days and complete as directed

Out of County DDP Referral

Window Clerk: _____ Date Received: ___/___/____

Processing Clerk: _____ Date Entered: ___/___/____ Storage Box# _____

Additional Comments: _____