ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, State Bar number, and address):	(FOR COURT USE ONLY)	
TELEPHONE NO.: FAX NO.(Optional):		
EMAIL ADDRESS (Optional):		
ATTORNEY FOR (Name):		
SUPERIOR COURT OF CALIFORNIA, COUNTY OF SAN DIEGO  CENTRAL DIVISION, CENTRAL COURTHOUSE, 1100 UNION ST., SAN DIEGO, CA 92101		
EAST COUNTY DIVISION, 250 E. MAIN ST., EL CAJON, CA 92020		
☐ NORTH COUNTY DIVISION, 325 S. MELROSE DR., VISTA, CA 92081☐ SOUTH COUNTY DIVISION, 500 3RD AVE., CHULA VISTA, CA 91910		
PEOPLE OF THE STATE OF CALIFORNIA		
DEFENDANT	SUPERIOR COURT CASI	E NUMBER
	DA or CA NUMBER	
PETITION TO MODIFY PROBATION AND ORDER	2,113,13,113,113,113	
PETITION TO MODIFY PROBATION		
(PEN. CODE §§ 1203a or 1203.1)		
PETITIONER INFORMATION		
Full name:	Date of Birth:	
Address:		
(Street) (City)	(State)	(Zip Code)
CONVICTION INFORMATION		
Petitioner, in the above-referenced case, was convicted of the following offenses	:	
		·
Petitioner was sentenced to   felony   misdemeanor probation on	for \	/ears.
☐ The terms and conditions of probation include a Fourth Amendment Waiver.	,,	,
Effective length 1 2021 purposent to amondments made to Day Code SS1	2025 and 4202 4 tha	
Effective January 1, 2021, pursuant to amendments made to Pen. Code §§1 probation the petitioner may serve is $\square$ one year $\square$ two years $\square$ three years.		
probation to comply with the new maximum probationary term. Under this new to		
on Petitioner agrees that all other terms and conditions of prob		·
The offense(s) at issue does not include a specific probation length within its p	vrovisions, nor doos it o	onetituto a violent
offense under Pen. Code § 667.5 (c).	ilovisions, noi does it c	onstitute a violent
If the People do not object to the granting of relief, Petitioner waives his/her righ be resentenced by the same judicial officer who originally sentenced him/her.	t (1) to a resentencing h	nearing, and (2) to
be resentenced by the same judicial officer who originally sentenced film/her.		
I declare under penalty of perjury under the laws of the State of California that the	e foregoing is true and o	correct.
Date:		
<del></del>	<u> </u>	
Type or print name	Signature of Pet	itioner or Attorney

DEFENDANT	CASE NUMBER		
PEOP	PLE'S RESPONSE		
THE PEOPLE  ☐ Do not object. ☐ Object to the requested relief and request the matter	er be set for hearing.		
Date:			
Type or print name	Signature of Deputy District Attorney/Deputy City Attorney		
	ORDER		
	out a hearing. It is hereby ORDERED that probation be modified to d from the original date on which probation was granted. All other		
☐ The Petition to Modify Probation is set for hearing o in Dept	n at		
IT IS SO ORDERED.			
Date:	Judge of the Superior Court		
CI FRI	C'S CERTIFICATE		
Court of C	sting of page(s), is a full, true, and correct copy of		
the _ original _ copy on the in the	Clerk of the Superior Court		
Date:	by, Deputy		
Distribution to: AttyProsProbDOJOther:			