

ATTORNEY OR PARTY WITHOUT AN ATTORNEY (Name, State Bar number, and address): NAME: ADDRESS: CITY, STATE, ZIP: TELEPHONE NO: FAX NO. (Optional): EMAIL ADDRESS (Optional): ATTORNEY FOR (Name):	FOR COURT USE ONLY
SUPERIOR COURT OF CALIFORNIA COUNTY OF SANTA CRUZ 701 Ocean Street, Room 120 Santa Cruz, CA 95060 Santa Cruz Branch	
PEOPLE OF THE STATE OF CALIFORNIA vs. DEFENDANT:	
MOTION AND ORDER TO MODIFY OR TERMINATE PROBATION Penal Code §1203.3(a)	CASE NUMBER:
	Date: Time: Dept:

Defendant requests that the probation granted on _____ be modified
 terminated.

- On _____ the defendant was convicted of (list charges resulting in convictions) _____.
- The offense was a Misdemeanor Felony
- Formal Informal probation was granted for a period of _____, which is set to expire on _____.
- Defendant has successfully completed all terms of probation.
- Defendant asks the Court to make the following changes to his/her terms of probation: _____

- Good cause exists to modify or terminate probation for the following reasons (state facts that show why your request should be granted. Attach supporting documentation, if any.) _____

PEOPLE OF THE STATE OF CALIFORNIA
DEFENDANT:

CASE NUMBER:

Continued on attachment

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date: _____

Defendant/Attorney Name

Signature of Defendant/Attorney

ORDER

Good cause appearing therefore; it is hereby ordered that the probation imposed on the above-named defendant on _____ is

Terminated

Modified as follows: _____

Denied

Date: _____

Judge of the Superior Court