

MODIFICATION OR TERMINATION OF PROBATION

SELF-HELP FORM PACKET



SHC-CRIM-06 (Rev. 08/06/2021)

Self-Help Services can review your completed forms before you file them with the Court. To request review of your completed forms:

1. Complete the attached forms in black ink.
2. Scan your completed forms and save as a single PDF file.
3. Go to [**www.occourts.org/self-help**](http://www.occourts.org/self-help) (click the blue button labeled *Click Here to Contact Self-Help Services*), attach the PDF, and complete the online request form. Make sure to select CRIMINAL/TRAFFIC as the case type on the form.

ATTORNEY OR PARTY WITHOUT ATTORNEY (<i>Name, Address.</i>): Telephone No.: _____ Bar No.: _____ Facsimile No.: _____ E-Mail address (<i>optional</i>): _____	FOR COURT USE ONLY
SUPERIOR COURT OF CALIFORNIA, COUNTY OF ORANGE JUSTICE CENTER: <input type="checkbox"/> Central – 700 Civic Center Dr. West, Santa Ana, CA 92701 <input type="checkbox"/> Harbor-Newport Beach – 4601 Jamboree Rd., Newport Beach, CA 92660 <input type="checkbox"/> North – 1275 N. Berkeley Ave., P.O. Box 5000, Fullerton, CA 92838-0500 <input type="checkbox"/> West – 8141 13th Street, Westminster, CA 92683	
People of the State of California <div style="text-align: center;">vs.</div> Defendant: _____	
PENAL CODE 1203.3 PETITION FOR MODIFICATION/TERMINATION OF PROBATION, NOTICE OF HEARING and COURT ORDER (MISDEMEANOR)	Case Number: _____

1. I _____, the Defendant Attorney for Defendant in the above entitled action hereby request an order terminating probation.
2. The defendant is currently on FORMAL INFORMAL probation.
3. I offer the following information for the courts consideration (*state reasons you feel termination is justified, attach a separate page if necessary*):

4. **CASE CALENDARED FOR:** _____ at 8:00 A.M. in Dept. ____ for request of modification of sentence.
5. All restitution obligations as ordered on the above case have been fulfilled.
6. A removal order is requested, the defendant is in-custody at the Orange County Jail.

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

Date: _____

 (Type or print name)

 (Signature of Petitioner)

For Clerk's Office Use Only

CLERK'S CERTIFICATE OF SERVICE/NOTICE OF HEARING

1. I certify that I am not a party to this action.
2. I further certify that I placed a copy of this notice in an area specially designated for personal delivery within the _____ Justice Center to the following parties, District Attorney; _____ City Attorney; Probation Department; Public Defender. I am readily familiar with the local practice for the collection of in house mail and that this notice was delivered on the date reflected below.

This notice was delivered on (date): _____

David H. Yamasaki, Clerk of the Court

By: _____
Deputy Clerk

COURT ORDER

Petition: Granted Denied Granted as modified: _____

Date: _____ Judge of the Superior Court: _____

SHORT TITLE: <hr/>	CASE NUMBER:
-----------------------	--------------

ATTACHMENT (Number): _____

(This Attachment may be used with any Judicial Council form.)

(If the item that this Attachment concerns is made under penalty of perjury, all statements in this Attachment are made under penalty of perjury.)

Page _____ of _____

(Add pages as required)