

SUPERIOR COURT OF CALIFORNIA, COUNTY OF RIVERSIDE

INDIO 47-671 Oasis St., Indio, CA 92201
 MURRIETA 30755-D Auld Rd., Ste. 1226, Murrieta, CA 92563

RIVERSIDE 9991 County Farm Rd., Riverside, CA 92503

RI-JV015

<p>ATTORNEY OR PARTY WITHOUT ATTORNEY (<i>Name, State Bar Number and Address</i>)</p> <p>TELEPHONE NO.: _____ FAX NO. (<i>Optional</i>): _____</p> <p>E-MAIL ADDRESS (<i>Optional</i>): _____</p> <p>ATTORNEY FOR (<i>Name</i>): _____</p>	<p style="text-align: center;"><i>FOR COURT USE ONLY</i></p> <p style="text-align: center;">CASE NUMBER: _____</p>
<p>PETITION FOR MODIFICATION OF DISPOSITION (Welfare & Institutions Code §§726(d), 778)</p>	

The minor named above petitions the court for a modification of disposition pursuant to Welfare and Institutions Code §§
 726(d) 778 Other: _____

Date adjudicated petition filed: _____ Date of original disposition: _____

Paragraph number _____ of the petition for a violation of _____ is subject to modification.
Paragraph number _____ of the petition for a violation of _____ is subject to modification.
Paragraph number _____ of the petition for a violation of _____ is subject to modification.

If there are additional paragraphs, please list on a separate attachment page.

The minor requests the following specific orders modifying the disposition order:

Minor alleges that he or she:
 is still on wardship WIC §725 non-wardship probation on the above referenced paragraph(s).
 believes that dollar amount of the loss associated with the adjudicated offense is below \$950.00.

Minor is currently:
 Not Detained Detained in Juvenile Hall YOP DJJ Location: _____
 In Placement
 Other: _____

Minor has no future hearing pending before the court.
 Minor has the following future hearings pending before the court: _____

Date: _____

(TYPE OR PRINT NAME OF ATTORNEY MINOR) (SIGNATURE)

MINOR'S NAME:	CASE NUMBER:
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PROOF OF SERVICE

I served a copy of the **PETITION FOR MODIFICATION OF DISPOSITION** on the following persons or entities by personally delivering a copy to the person served, or by emailing the document to an agreed upon email address of the person served, or by faxing the document to the fax number provided by the person served, or by delivering a copy to a competent adult at the usual place of residence or business of the person served and thereafter mailing a copy by first-class mail to the person served at the place where the copy was delivered, or by placing a copy in a sealed envelope and depositing the envelope directly in the U.S. mail with postage prepaid or at my place of business for same-day collection and mailing with the U.S. mail, following our ordinary business practices with which I am readily familiar:

- | | |
|---|---|
| <p>1. <input type="checkbox"/> Probation Officer</p> <p style="margin-left: 20px;">a. Name and address: _____</p> <p style="margin-left: 40px;">_____</p> <p style="margin-left: 20px;">b. Date of service: _____</p> <p style="margin-left: 20px;">c. Method of service: _____</p> | <p>2. <input type="checkbox"/> District Attorney</p> <p style="margin-left: 20px;">a. Name and address: _____</p> <p style="margin-left: 40px;">_____</p> <p style="margin-left: 20px;">b. Date of service: _____</p> <p style="margin-left: 20px;">c. Method of service: _____</p> |
| <p>3. <input type="checkbox"/> Minor</p> <p style="margin-left: 20px;">a. Name and address: _____</p> <p style="margin-left: 40px;">_____</p> <p style="margin-left: 20px;">b. Date of service: _____</p> <p style="margin-left: 20px;">c. Method of service: _____</p> | <p>4. <input type="checkbox"/> Attorney</p> <p style="margin-left: 20px;">a. Name and address: _____</p> <p style="margin-left: 40px;">_____</p> <p style="margin-left: 20px;">b. Date of service: _____</p> <p style="margin-left: 20px;">c. Method of service: _____</p> |
| <p>5. <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Legal Guardian</p> <p style="margin-left: 20px;">a. Name and address: _____</p> <p style="margin-left: 40px;">_____</p> <p style="margin-left: 20px;">b. Date of service: _____</p> <p style="margin-left: 20px;">Method of service: _____</p> | <p>6. <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Legal Guardian</p> <p style="margin-left: 20px;">a. Name and address: _____</p> <p style="margin-left: 40px;">_____</p> <p style="margin-left: 20px;">b. Date of service: _____</p> <p style="margin-left: 20px;">Method of service: _____</p> |

At the time of service I was at least 18 years of age and not a party to this cause. I am a resident of or employed in the county where the mailing occurred. My residence or business address is (*specify*):

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

Date: _____

(TYPE OR PRINT NAME)

(SIGNATURE)