

IN BEREAMUNICIPAL COURT

STATE OF OHIO/  
CITY OF \_\_\_\_\_  
Plaintiff,

VS.

CASE NO(s). \_\_\_\_\_  
(Required)

MOTION FOR MODIFICATION OF SENTENCE

\_\_\_\_\_  
Defendant Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
City, State, Zip

\_\_\_\_\_  
Phone

I, \_\_\_\_\_ would like to request my sentence be modified as follows:  
(PRINT NAME)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

My reasons for this request are as follows:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Signature of Defendant

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Phone Number

**\*\*\* A filing fee of \$20.00 is required to be paid at the time of filing this Motion \*\*\***

Upon receipt of this Motion the Court will review the request; a hearing may be set by the Judge for you to appear for further determination on your request, failure to appear for the hearing will result in the denial of your request.