

State of Wisconsin, Plaintiff  
-VS-

Amended

Defendant's Name \_\_\_\_\_

Date of Birth \_\_\_\_\_

**Petition to Modify  
Bifurcated Sentence  
§302.113(9g), Wis. Stats.  
(Geriatric/Extraordinary  
Health Condition)**

Case No. \_\_\_\_\_

1. I was sentenced for the crime of \_\_\_\_\_, on [Date] \_\_\_\_\_.
- The total length of my bifurcated sentence on this count is \_\_\_\_\_ years, \_\_\_\_\_ months.
  - My initial term of confinement in prison is \_\_\_\_\_ years, \_\_\_\_\_ months.
  - My initial term of extended supervision is \_\_\_\_\_ years, \_\_\_\_\_ months.

- I was sentenced for the crime of \_\_\_\_\_, on [Date] \_\_\_\_\_.
- The total length of my bifurcated sentence on this count is \_\_\_\_\_ years, \_\_\_\_\_ months.
  - My initial term of confinement in prison is \_\_\_\_\_ years, \_\_\_\_\_ months.
  - My initial term of extended supervision is \_\_\_\_\_ years, \_\_\_\_\_ months.

- I was sentenced for the crime of \_\_\_\_\_, on [Date] \_\_\_\_\_.
- The total length of my bifurcated sentence on this count is \_\_\_\_\_ years, \_\_\_\_\_ months.
  - My initial term of confinement in prison is \_\_\_\_\_ years, \_\_\_\_\_ months.
  - My initial term of extended supervision is \_\_\_\_\_ years, \_\_\_\_\_ months.

2. I am not serving a sentence for a Class A or B felony.

3.  A. I have not previously filed a petition for modification of bifurcated sentence.  
**OR**  
 B. I have previously had a petition for modification of bifurcated sentence denied by the Program Review Committee. The denial was on [Date] \_\_\_\_\_, and it has been over one year since that denial.  
**OR**  
 C. I have previously had a petition for modification of bifurcated sentence denied by the court. The denial was on [Date] \_\_\_\_\_, and it has been over one year since that denial.

4.  A. I am 65 years of age or older and have served at least 5 years of the term of confinement in prison.  
**OR**  
 B. I am 60 years of age or older and have served at least 10 years of the term of confinement in prison.  
**OR**  
 C. I have an extraordinary health condition, and have attached affidavits from two (2) physicians setting forth a diagnosis that I have an extraordinary health condition.

5. My attorney's name (if any) \_\_\_\_\_  
Address \_\_\_\_\_  
Telephone \_\_\_\_\_

6. I request appointment of an attorney.

7. I request sentence modification.

▶ \_\_\_\_\_  
Signature

\_\_\_\_\_  
Name Printed or Typed

\_\_\_\_\_  
Address

\_\_\_\_\_  
Email Address

\_\_\_\_\_  
Telephone Number

\_\_\_\_\_  
Date

DISTRIBUTION:

1. Program Review Committee