ST	ATE OF WISCONSIN, CIRCUIT COU	T, COUNTY		
State of Wisconsin, Plaintiff -vs-  Defendant's Name		☐ Amended		
		Petition for Sentence Adjustment		
		§973.195, Wis. Stats.		
Date	e of Birth	Case No		
1.	<ul><li>The total length of my bifurcat</li><li>My initial term of confinement</li></ul>	, on [Date] d sentence on this count is years, in this count is years, ervision on this count is years,	months. months.	
2.	I am not serving a sentence on this co	unt for a Class A or a Class B felony.		
3.	I have not filed a Petition for Sentence Adjustment under §973.198, Wis. Stats., within the last year for my sentence on this count.			
4.	I have not previously requested sentence adjustment under §973.195, Wis. Stats., on this count and I now requestence adjustment.			
5.	I have served the applicable percentage of my sentence on this count. (85 percent for a Class C to E felony and 75 percent for a Class F to I felony) Attached is the Verification of Time Served from the Department of Corrections.			
6.	<ul> <li>The following are the ground(s) for filing this Petition: (Check all that apply)</li> <li>A. My conduct, efforts at and progress in rehabilitation, or participation and progress in education, treatment, of other correctional programs since being sentenced supports my request (See attached copy(ies)) of my prison program certifications(s).</li> <li>B. A change in law or procedure related to sentencing or revocation of extended supervision effective after I was sentenced would have resulted in a shorter term of confinement in prison or, if I was returned to prison upon revocation of extended supervision, a shorter period of confinement in prison upon revocation, if the change had been applicable when I was sentenced (see attached change in law or procedure).</li> <li>C. I am subject to a sentence of confinement in another state, or I am in the United States illegally and may be deported. (See attached documentation)</li> <li>D. Sentence adjustment is in the interest of justice. (See attached explanation)</li> </ul>			
l am	n at the following address:	_		
Fac	cility name	Sign	ature	
Facility address		Name Print	ed or Typed	
		Add	Iress	
		Email Address		
DISTRIBUTION: 1. Court		Telephone Number	Date	