

Amended

State of Wisconsin

-VS-

_____, Defendant
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: _____ Fax: _____

6. I request appointment of an attorney.

7. I request sentence modification.

Petitioner

Name Typed or Printed

Date

DISTRIBUTION:

- 1. Program Review Committee