

Approved, SCAO

<b>STATE OF MICHIGAN JUDICIAL DISTRICT JUDICIAL CIRCUIT</b>	<b>PETITION AND ORDER FOR AMENDMENT OF ORDER OF PROBATION</b>	<b>CASE NO.</b>
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<b>ORI</b>	<b>Court address</b>	<b>Court telephone no.</b>
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**MI-**

THE PEOPLE OF

The State of Michigan

\_\_\_\_\_

**v**

Defendant's name, address, and telephone no.

DOB

Date of probation	Judge	Bar no.
Term of probation	Offense	

I petition this court for the following amendments of the probation order previously entered in this cause.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Probation officer

**ORDER AMENDING PROBATION**

**IT IS ORDERED** that the probation of the above defendant is amended

as set forth in the above petition.

as follows: \_\_\_\_\_

All other conditions not inconsistent with this order shall remain in effect.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Judge/Magistrate

\_\_\_\_\_  
Bar no.

I have received a copy of this order of amendment. I understand and agree to comply with this order.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Defendant

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<p>MI-</p> <p>THE PEOPLE OF</p> <p><input type="checkbox"/> The State of Michigan</p> <p><input type="checkbox"/> _____</p>	<b>v</b>	<p>Defendant's name, address, and telephone no.</p> <div style="border: 1px solid black; height: 20px; width: 100%;"></div> <p style="text-align: right; margin-right: 20px;">DOB</p>
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Complete order below only when the amended probation order adds or changes conditions necessary to protect 1 or more named persons under MCL 771.3(5).

**TO LOCAL LAW ENFORCEMENT:** The above protective conditions and the following identifying information of the defendant must be entered on the LEIN system. The court will notify local law enforcement of any amendments to or revocation of this order.

Amended conditions       Amended expiration date

Height	Weight	Race	Sex	Date of Birth	Hair Color	Eye Color	Other Identifying Information

Effective date of conditions	Expiration date of order
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Date	Judge/Magistrate	Bar no.
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