

IN THE ASHTABULA COUNTY COURTS
WESTERN DIVISION - GENEVA, OHIO

STATE OF OHIO)
CITY OF GENEVA)
)
PLAINTIFF,)
)
)
VS)
)
)
DEFENDANT)

CASE NO:

(list all cases that apply to motion)

JUDGE DAVID A. SCHROEDER

MOTION FOR SENTENCE
MODIFICATION:
JAIL IN LIEU OF ELECTRONICALLY
MONITORED HOUSE ARREST

Now comes Defendant and requests this Court to grant a modification of sentence allowing Defendant to serve a sentence of incarceration in lieu of the previously sentenced _____ days of Electronically Monitored House Arrest in the above mentioned case(s) for the following reason(s):

Include Financial Affidavit if income is reason for request

Respectfully Submitted

Defendant Signature/Attorney for Defendant

Address:

Phone:

CERTIFICATE OF SERVICE

I hereby certify that a copy of the foregoing motion was served upon the
 State of Ohio Prosecutor, 25 West Jefferson Street, Jefferson, Ohio 44047
OR
 City of Geneva Solicitor, 44 North Forrest St, Geneva, Ohio 44041
Through Hand Delivery/Personal Service Regular U.S. Mail this _____ day of _____, 20____

Official Use Only

Defendant

If applicable, Prosecutor's Recommendation: Grant Deny Other, _____

Prosecutor Date

Court Order
 Denied Granted Additional Information: _____

David A. Schroeder, Judge Ashtabula County Courts, Western Division Date

Sentence Modification Motion Fee: \$25.00 due at time of filing

Assigned Probation Officer: _____

Probation Officer:

1. PERSONAL INFORMATION

Name/Applicant		Social Security Number		D.O.B.	
Mailing Address		City		State	Zip
Case No.		Phone		Message Phone (within 48 hours)	

II. OTHER PERSONS LIVING IN HOUSEHOLD

Name	D.O.B.	Relationship	Name	D.O.B.	Relationship
1)			3)		
2)			4)		

III. INCOME AND EMPLOYMENT INFORMATION

Type of Income	Applicant/Self	Spouse	Total Income
Gross (before taxes) monthly income			
Unemployment, Worker's Compensations, Child Support and other types of INCOME			
			Total Income

Employer's Name: _____ Employer Phone: _____

Employer's Address/City/State/Zip: _____

V. LIQUID ASSETS

Type of Asset	Estimated Value
Checking, Savings, Money Market Accounts	\$
Stocks, Bonds, CD's	\$
Other Liquid Assets or Cash on Hand	\$
Total Liquid Assets	\$

VI. MONTHLY EXPENSES

Types of Expense	Amount	Types of Expense	Amount
Child Support Paid Out		Telephone	
Child Care (if working only)		Transportation for work/Fuel	
Insurance		Taxes Withheld or Owed	
Medical/Dental Expenses or Associated Costs of Caring for Infirm Family Member		Credit Cards, Other Loans	
Rent/Mortgage		Utilities (Gas, Electric, Water/Sewer, Trash)	
Food		Other (specify)	
Expenses	\$	Expenses	\$

VII. Determination of Indigency

Total Income	_____	I hereby swear that the information I have provided is true and accurate. _____ Applicant/Signature _____ Date _____
Total Liquid Assets	+ _____	
Total Expenses	_____	
Total Adjusted Income	_____	

Notary Public/Individual Authorized to Administer Oath: Subscribed and duly sworn before me according to law, by the above named applicant this _____ day of _____ 20 _____. _____ Signature _____ Title _____	Approval/Denial of request by Judge: () Approved () Denied _____ Judge _____ Date _____
--	---