

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 44041Through ☐ 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.	
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 ____.		Approval/Denial of request by Judge: () Approved () Denied	
Signature _____ Title _____		Judge _____ Date _____	