

State of Wisconsin, Plaintiff

-VS-

Defendant's Name \_\_\_\_\_

Date of Birth \_\_\_\_\_

**Petition to Modify Court-Imposed  
Conditions of Extended Supervision  
§302.113(7m), Wis. Stats.**

Case No. \_\_\_\_\_

(Check one of the following:)

The petitioner is presently serving the confinement portion of a bifurcated sentence. The scheduled date of release to extended supervision is [Date] \_\_\_\_\_, which is not more than one year from the date of this Petition. The petitioner has not previously petitioned for modification of conditions of extended supervision.

**Attached is the Verification of Date of Release to Extended Supervision.**

**OR**

The petitioner is presently serving the extended supervision portion of a bifurcated sentence. The petitioner was released to extended supervision on [Date] \_\_\_\_\_, which is not within one year of this Petition. The petitioner has not filed another petition within one year of the filing of this Petition.

**Attached is the Verification of Date of Release to Extended Supervision.**

**OR**

I am a representative of the Department of Corrections.

I believe that the requested modification(s) meet the needs of the department and the public and would be consistent with the objectives of the sentence in this case. I request that the court modify the court-imposed conditions of extended supervision as follows:  **See attached**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

▶ \_\_\_\_\_  
Signature

\_\_\_\_\_  
Name Printed or Typed

\_\_\_\_\_  
Address

\_\_\_\_\_  
Email Address Telephone Number

\_\_\_\_\_  
Date State Bar No. (if any)

DISTRIBUTION:

- 1. Court
- 2. Sentenced person
- 3. Sentenced person's Attorney
- 4. Department of Corrections
- 5. District Attorney