



CIRCUIT COURT  DISTRICT COURT OF MARYLAND FOR \_\_\_\_\_ City/County

Located at \_\_\_\_\_ Court Address Case No. \_\_\_\_\_

STATE OF MARYLAND VS. Defendant  
SID No. \_\_\_\_\_

**MOTION FOR MODIFICATION OF SENTENCE**

The Defendant, \_\_\_\_\_ by and through his/her attorney, \_\_\_\_\_, pursuant to Health General § § 8-505 et. seq. moves.

On the \_\_\_\_\_, day of \_\_\_\_\_, \_\_\_\_\_, the Defendant was found guilty of \_\_\_\_\_

by \_\_\_\_\_ Judge and was sentenced to \_\_\_\_\_

The Defendant requests that the Court order an evaluation pursuant to HG § 8-505 and placement pursuant to HG § 8-507.

- To the best of my knowledge and belief, there are no unserved warrants or detainers or concurrent or consecutive sentences that would prevent the defendant from entering a residential treatment facility.
- The Defendant is currently pending trial on Case No. (s) \_\_\_\_\_ ; or the Defendant is currently serving a sentence on Case No. \_\_\_\_\_ ; or a consecutive sentence has been imposed on the Defendant in Case No. \_\_\_\_\_ ; or there is an unserved warrant for the Defendant in Case No. \_\_\_\_\_ Defense Counsel is negotiating with the State to resolve those cases in order for defendant to receive treatment pursuant to HG § 8-507. To the best of my knowledge and belief, the aforementioned cases will be resolved in order for the Defendant to receive drug treatment pursuant to HG § 8-507.

The Defendant consents to treatment and the release of any information necessary for the evaluation and referral (See attached Consent Form and Release of Information Form).

**WHEREFORE**, the Defendant requests the following relief:

- Order an evaluation pursuant to HG § 8-505 and placement pursuant to HG § 8-507.
- Schedule a hearing on the Motion upon receipt of the evaluation report.

\_\_\_\_\_ Date \_\_\_\_\_ Attorney's Address

**CERTIFICATE OF SERVICE**

I certify that I served a copy of this Motion upon the following party or parties by mailing first class mail, postage prepaid, on \_\_\_\_\_ Date to:

\_\_\_\_\_  
Name Address  
\_\_\_\_\_  
Name Address  
\_\_\_\_\_  
Name Address

\_\_\_\_\_ Date \_\_\_\_\_ Signature of Party Serving