

**REQUEST FOR EXTENSION OF TIME TO OBTAIN SATOP EVALUATION**

**NAME:** \_\_\_\_\_ **TODAY'S DATE:** \_\_\_\_\_

**CASE NUMBER:** \_\_\_\_\_ **JUDGE:** \_\_\_\_\_

**DATE SATOP EVALUATION PRESENTLY DUE:** \_\_\_\_\_

**REASON FOR REQUEST:**

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**HOW MUCH EXTRA TIME ARE YOU REQUESTING?** \_\_\_\_\_

**HAS A PRIOR EXTENSION BEEN GRANTED? YES**  **NO**

**DEFENDANT'S SIGNATURE:** \_\_\_\_\_

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**COURT SERVICES RECOMMENDATION:**

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**COURT SERVICES OFFICER** \_\_\_\_\_

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**EXTENSION APPROVED:** \_\_\_\_\_ **EXTENSION DENIED** \_\_\_\_\_

**SATOP EVALUATION DUE DATE EXTENDED TO:** \_\_\_\_\_

\_\_\_\_\_  
**JUDGE'S SIGNATURE**

\_\_\_\_\_  
**DIV**

\_\_\_\_\_  
**DATE**