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ATTORNEY *(NAME AND ADDRESS):*	TELEPHONE NO.:	*FOR COURT USE ONLY*
EMAIL ADDRESS: ATTORNEY FOR *(Name)*:		

SUPERIOR COURT OF CALIFORNIA, COUNTY OF SANTA BARBARA

☐ Santa Barbara Division	☐ Santa Maria Division	☐ Lompoc Division
118 East Figueroa St. Santa Barbara, CA 93101	312 East Cook St. Bldg. G Santa Maria, CA 93454	115 Civic Center Plaza Lompoc, CA 93436

PLAINTIFF: People of the State of California

DEFENDANT:

REQUEST TO CALENDAR

CASE NUMBER:

I _____, ☐ Attorney for Defendant ☐ Deputy District Attorney ☐ Probation Officer ☐ Defendant ☐ Other _____ request that this matter be placed on the Court's calendar for the following reason: _____.

Calendar date:	Dept.:	Time:

Reason:
- ☐ **Arraignment on Complaint**
- ☐ **Arraignment on Complaint (Disposition)**
  Attach all necessary signed paperwork needed for sentencing with this request *(i.e., waiver, probation order, etc.).* Each document should be its own individual attachment.
- ☐ **Warrant Arraignment**
  If the defendant has an outstanding warrant, he/she has been informed that the warrant remains active and he/she is subject to arrest.
- ☐ **Modification: New Remand Date**
- ☐ **Modification of Probation or Sentence** *(specify reason)*: _____
- ☐ **Modification: Re-referral to program** *(specify program)*: _____
- ☐ **Advance hearing**: _____
- ☐ **Other**: _____

Appearance will be:
☐ PC 977 Appearance; ☐ Defendant will appear via Zoom; ☐ Deft will appear in person

Santa Barbara	Santa Maria	Lompoc
SBCriminalFilings@sbcourts.org	SMCriminalFilings@sbcourts.org	LMCriminalFilings@sbcourts.org

The party requesting the hearing is required to give proper notice to all parties prior to the court date listed above.

Dated: _____ _____ _____

(Signature of Requesting Party) *(Telephone Number)*

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