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, 118 East Figueroa St., Santa Barbara, CA 93101 ☐ Santa Maria Division, 312 East Cook St. Bldg. G, Santa Maria, CA 93454 ☐ Lompoc Division, 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)*