

ATTORNEY OR PARTY WITHOUT ATTORNEY (NAME AND ADDRESS):	TELEPHONE NO.:	<i>FOR COURT USE ONLY</i>
ATTORNEY FOR (Name):		
<b>SUPERIOR COURT OF CALIFORNIA, COUNTY OF SANTA BARBARA</b>		
STREET ADDRESS:		
MAILING ADDRESS:		
CITY AND ZIP CODE:		
BRANCH NAME:		
PLAINTIFF: People of the State of California		
DEFENDANT:		
<input type="checkbox"/> FAX <input type="checkbox"/> COUNTER ARRAIGNMENT		CASE NUMBER:

DEFENDANT'S DATE OF BIRTH: \_\_\_\_\_ SOCIAL SECURITY NO.: \_\_\_\_\_ SCHEDULED ARRAIGNMENT DATE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

VIOLATION(S): \_\_\_\_\_ DATE OF OFFENSE(S): \_\_\_\_\_

ATTORNEY: I, the undersigned declare that I am an attorney licensed to practice law in the State of California and pursuant to provisions of the Penal Code permitting a defendant to appear through counsel, I am making a general appearance on behalf of the above named defendant.

On behalf of defendant I waive formal arraignment and enter a Not Guilty plea as to each charge alleged in the citation and/or complaint. All prior convictions are denied. All probation violations are denied. Time for trial is waived to \_\_\_\_\_.

I agree to obtain discovery from the District Attorney's Office prior to the Pre-Trial Conference set below.

I have advised defendant of all applicable rights provided by the Constitutions of the United States and the State of California and all rights conferred by the statutes of the State of California. Defendant waives all rights insofar as they may be abrogated by this informal arraignment process.

I request that this matter be set for a Pre-trial conference.

[ ] Interpreter required. (Language: \_\_\_\_\_)

I have read the FAX/COUNTER Arraignment Procedures, and I make the representations and agreements set forth therein. I further agree to appear on the date and time assigned by the Court as indicated below.

STATE BAR NUMBER: \_\_\_\_\_ FAX NUMBER: \_\_\_\_\_

Attorney proposes the following dates for next appearance (THREE (3) COURT DAY NOTICE IS REQUIRED AND MUST BE SET WITHIN 30 DAYS): \_\_\_\_\_

Dated: \_\_\_\_\_ Signature: \_\_\_\_\_  
ATTORNEY

**COURT FAX#: LOMPOC (805) 737-5441 MILLER (Santa Maria) (805) 614-6591**

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**FOR COURT USE ONLY**

Set for **PRE-TRIAL** on \_\_\_\_\_ at \_\_\_\_\_ AM/PM in the above-entitled court.

Trial Confirmation: \_\_\_\_\_ at \_\_\_\_\_ AM/PM Tentative Jury: \_\_\_\_\_ at \_\_\_\_\_ AM/PM

Release status:    [ ] Own Recognizance  
                           [ ] Bail Bond  
                           [ ] Cash Bail

\_\_\_\_\_  
 JUDGE OF THE SUPERIOR COURT

Date attorney notified: \_\_\_\_\_ By \_\_\_\_\_  
Deputy Clerk