

ATTORNEY OR PARTY WITHOUT ATTORNEY (<i>NAME AND ADDRESS</i>):	TELEPHONE NO.:	<i>FOR COURT USE ONLY</i>
ATTORNEY FOR (<i>Name</i>):		
SUPERIOR COURT OF CALIFORNIA, COUNTY OF SANTA BARBARA		
STREET ADDRESS:		
CITY AND ZIP CODE:		
BRANCH NAME:		
PLAINTIFF:		
DEFENDANT:		
REQUEST TO CALENDAR A CRIMINAL CASE		CASE NUMBER:

I _____, Defendant Attorney for Defendant Deputy District Attorney
 Probation Officer Court Clerk Other _____
request that this matter be placed on the Court's calendar as follows:

Calendar date:	Dept:	Time:
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- Reason:
- | | |
|---|---|
| <input type="checkbox"/> Violation of Probation (Arrestment)
<input type="checkbox"/> Modification of Probation
<input type="checkbox"/> Modification of Sentence
<input type="checkbox"/> Modification: Fine to CWS hours
<input type="checkbox"/> Modification: Fine to Jail
<input type="checkbox"/> Warrant Arrestment

<input type="checkbox"/> Modification: Extension on CWS hours (<i>progress report must be attached</i>)
<input type="checkbox"/> Restitution Hearing (<i>requestor is responsible for giving notice to all interested parties</i>)
<input type="checkbox"/> Modification: Re-referral to Program _____
<input type="checkbox"/> Advance hearing: _____
<input type="checkbox"/> Other: _____ | <input type="checkbox"/> Violation of Supervision (Arrestment)
<input type="checkbox"/> Modification of Supervision
<input type="checkbox"/> Modification: New Remand Date
<input type="checkbox"/> Modification: Ignition Interlock Device
<input type="checkbox"/> Modification: Public Defender Fee
<input type="checkbox"/> Withdraw Plea/Dismiss – 1203.4 PC
<i>(proper motion must be attached)</i> |
|---|---|

Proof of Mailing Attached

Defendants/Parties are advised to check the posted calendar on the court date as departments are subject to change.

Dated: _____
Signature of Requesting Party
Telephone Number

If Defendant has an outstanding warrant, he/she has been informed that the warrant remains active and he/she is subject to arrest.

Internal Use Only	Request received: _____	by _____	
	Date	Initials	
	Case retrieved on: _____	by _____	<input type="checkbox"/> DMV worksheet attached
	Date	Initials	
	Case calendared: _____	by _____	
	Date	Initials	