

ATTORNEY OR PARTY WITHOUT ATTORNEY (NAME AND ADDRESS):	TELEPHONE NO.:	<i>FOR COURT USE ONLY</i>
ATTORNEY FOR (Name):		
SUPERIOR COURT OF CALIFORNIA, COUNTY OF SANTA BARBARA		
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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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