Choose a location

ATTORNEY OR PARTY WITHOUT ATTORNEY *(NAME AND ADDRESS):* TELEPHONE NO.:	*FOR COURT USE ONLY*
ATTORNEY FOR *(Name)*:	
SUPERIOR COURT OF CALIFORNIA, COUNTY OF SANTA BARBARA STREET ADDRESS: MAILING ADDRESS: CITY AND ZIP CODE: BRANCH NAME:	
PLAINTIFF: DEFENDANT:	
REQUEST TO CALENDAR CASE ☐ **CIVIL** ☐ **CRIMINAL** ☐ **TRAFFIC**	CASE NUMBER:

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

Calendar date: Dept: Time:

Reason:

☐ Violation of Probation (Arraignment)
☐ Modification of Probation
☐ Termination of Probation
(proper motion must be attached)
☐ Modification of Sentence
☐ Modification: Extend Time to Pay
☐ Modification: Fine to CWS hours
☐ Modification: Extension on CWS hours *(progress report must be attached)*
☐ Modification: New Remand Date
☐ Modification: Re-referral AB541
☐ Modification: Ignition Interlock Device
☐ Modification: DL103 / DL106 *(SB38 only)*
☐ Withdraw Plea/Dismiss – 1203.4 PC
(proper motion must be attached)
☐ Warrant Arraignment ☐ Return Bench Warrant ☐ Recall Bench Warrant
☐ Advance hearing: _____
☐ Other: _____

☐ 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: _____ (Date) by _____ (Initials)
Case retrieved on: _____ (Date) by _____ (Initials) ☐ DMV worksheet attached
Case calendared: _____ (Date) by _____ (Initials)

Clear Fields Print Form