

ATTORNEY (NAME AND ADDRESS):	TELEPHONE NO.:	<i>FOR COURT USE ONLY</i>
EMAIL ADDRESS: ATTORNEY FOR (Name):		
SUPERIOR COURT OF CALIFORNIA, COUNTY OF SANTA BARBARA		
<input type="checkbox"/> Santa Barbara Division 118 East Figueroa St. Santa Barbara, CA 93101	<input type="checkbox"/> Santa Maria Division 312 East Cook St. Bldg. G Santa Maria, CA 93454	<input type="checkbox"/> 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
request that this matter be placed on the Court’s calendar for the following reason:

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
SBCriminalFilings@sbcourts.org

Santa Maria
SMCriminalFilings@sbcourts.org

Lompoc
LMCriminalFilings@sbcourts.org

Please do not select a date, the court will provide you with a notice of hearing. If there are dates you are unavailable for court please provide this information at the time of your request.

Email notice will only be given to the DA and defense attorney. It is the defense attorney’s responsibility to properly notify their client of the hearing.

Dated: _____
(Signature of Requesting Party)
(Telephone Number)