

SUPERIOR COURT OF CALIFORNIA, COUNTY OF SAN LUIS OBISPO 1050 Monterey Street, Rm 220 San Luis Obispo, CA 93408 Phone: 805-706-3600 E-mail: Slocrim@slo.courts.ca.gov	<i>FOR COURT USE ONLY</i>
ATTORNEY OR PARTY WITHOUT ATTORNEY: NAME: STREET ADDRESS: CITY: STATE: ZIP CODE: TELEPHONE NO.: E-MAIL: ATTORNEY FOR (<i>Name</i>):	
PEOPLE OF THE STATE OF CALIFORNIA V. DEFENDANT: DATE OF BIRTH:	
Motion to Calendar Criminal Case	CASE NUMBER:

I _____, Defendant

Request this matter be placed on the Court’s calendar as follows:

Calendar Date: Department: Time:

Reason:

Calendar Outstanding Case

Modify Probation Re: _____

Sentence Modification Re: _____

Modification of Protective Order: _____

Modification of Remand/Jail Turn-in date: _____

Hearing re: _____

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

Date

Signature

Proof of Service Attached

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PEOPLE OF THE STATE OF CALIFORNIA DEFENDANT:	V.
PROOF OF PERSONAL SERVICE	CASE NUMBER:

Check method of service (only one):

- | | | |
|----------------------|---------|-----------------------|
| By Personal Service | By Mail | By Overnight Delivery |
| By Messenger Service | By Fax | |

1. I am at least 18 years old, not a party to this action and not a protected person listed in any of the orders
2. Person served (name):
3. I served copies of the following documents (specify):

Date: _____ Time: _____

Address: _____

4. My name, address, and telephone number (specify):

5. I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date

(NAME OF PERSON WHO SERVED THE PAPERS)

(SIGNATURE OF PERSON WHO SERVED THE PAPERS)