SUPERIOR COURT OF CALIFORNIA, COUNTY OF SAN LUIS OBISPO 214 South 16th Street Grover Beach, CA 93433 Phone: 805-706-3600 Email: slotraffic@slo.courts.ca.gov	FOR COURT USE ONLY
PEOPLE OF THE STATE OF CALIFORNIA V. DEFENDANT:	
REQUEST FOR CONTINUANCE AND PROOF OF SERVICE **(Pen. Code, §1050(a), 1050(b))**	CASE/CITATION NUMBER:

CASE INFORMATION

1. Date of Hearing: _____

2. Party Requesting to reschedule the hearing:
   - ☐ Defendant
   - ☐ Attorney
   - ☐ Officer
   - ☐ Other: _____ (Name of Requestor), _____ (Relation to Party) on behalf of _____ (Party)

REQUEST

3. I request the hearing be rescheduled as follows:

After (specify date): _____

On a date I am available, which does not include (specify dates): _____

Other (specify): _____

REASON FOR RESCHEDULING

4. _____

_____

_____ Date

_____ Signature of Requestor

PROOF OF SERVICE

Check method of service (only one):

☐ By personal Service ☐ By Email ☐ By Mail ☐ By Fax

1. I am the:
   - ☐ Defendant
   - ☐ Attorney
   - ☐ Officer
   - ☐ Other _____

2. Serving:
   - ☐ Defendant
   - ☐ Attorney
   - ☐ Officer
   - ☐ Other _____

3. I served a copy of this request

   Date: _____

   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)