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| **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 | *FOR COURT USE ONLY* |
| ATTORNEY OR PARTY WITHOUT ATTORNEY: NAME:STREET ADDRESS:CITY: STATE: ZIP CODE:TELEPHONE NO.: E-MAIL: ATTORNEY FOR *(Name)*: |
| PEOPLE OF THE STATE OF CALIFORNIAV.DEFENDANT: DATE OF BIRTH: |
| **Request to Calendar Criminal Case** | CASE NUMBER: |

I  Defendant

request this matter be placed on the Court’s calendar for the following reason:

 Court Surrender on Outstanding Warrant

 Modification of Remand/Jail Turn-in

Date Signature

# The Court sets the matter for hearing as follows:

# Calendar Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Department: \_\_\_\_\_\_ Time: \_\_\_\_ \_\_\_

# The requesting party shall serve notice of the hearing and file a proof of service with the Court. The attached form, proof of service, may be used.

# All other motions shall be filed and served in compliance with the California Rules of Court and the Local Rules of the Superior Court. Added verbiage will not be considered, please only check one of the two boxes provided as these are the only items available with this form.

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

\*\* FORMAL PROBATION MATTERS MUST BE SERVED ON THE PROBATION DEPARTMENT \*\*

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| ATTORNEY OR PARTY WITHOUT ATTORNEY: |  |  |  |
| NAME: |  |  |  |
| STREET ADDRESS: |  |  |  |
| CITY: STATE: |  | ZIP CODE: |  |
| TELEPHONE NO.: E-MAIL: |  |  |  |
| ATTORNEY FOR *(Name)*: |  |  |  |
| PEOPLE OF THE STATE OF CALIFORNIA | V. |  |  |
| DEFENDANT: |  |  |  |
| **PROOF OF 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(s) served (name(s)):
3. I served copies of the following documents (specify):

Date: Time: Address:

1. My name, address, and telephone number (specify):
2. 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)