## REQUEST FOR CONTINUANCE OF TRAFFIC COURT TRIAL OR TRIAL DE NOVO

1	DETERMINE IF YOU ARE ELIGIBLE	You must have requested a Court Trial and received a "Notice to Appear for Court Trial."	
		It must be 2 or more days before the Court Trial hearing date.	
		Any request for continuance must be made pursuant to Penal Code § 1050 and Local Rule of Court 10.08.	
2	COMPLETE FORMS	TR001 Request for Continuance and Proof of Service.	
		Complete the top half of the form, questions 1 through 4.	
		You MUST provide the court with a phone number and email address.	
3	SERVE THE CITING AGECY	Mail a copy of the TR001 to the citing agency. The citing agency and address are listed on the bottom of the "Notice to Appear for Court Trial."	
		Complete the bottom half of form TR001 under Proof of Service.	
	FILE THE DOCUMENT WITH THE COURT	Email completed form to: <a href="mailto:slotcourts.ca.gov">slotraffic@slo.courts.ca.gov</a>	
		There is a drop box located at each of the court branch locations. You may drop the	
		completed form off at any location.	
		Paso Robles – 901 Park Street, Paso Robles, CA 93446	
		Grover Beach – 214 South 16 <sup>th</sup> Street, Grover Beach, CA 93433	
4		San Luis Obispo – 1050 Monterey Street, San Luis Obispo, CA 93408	
		Mail completed form to the court at:	
		San Luis Obispo Superior Court	
		Attention: Traffic Department	
		1050 Monterey Street, Room 220	
		San Luis Obispo, CA 93408	
5	WAIT FOR DETERMINATION	Once the court receives the documents the judge will either grant or deny your request. A clerk from the court will contact you by phone or email to let you know the outcome and, if granted, the new court date.	

## WHERE TO GET FORMS:

**Internet**: For free, you can log onto <u>https://www.slo.courts.ca.gov/</u> and click on "Forms & Filing" and then click on "Local Forms" and click on "Traffic Forms" then select "TR001 Request for Continuance and POS.'

SUPERIOR COURT OF CALIFORNIA, COUNTY OF SAN LUIS OBISPO	FOR COURT USE ONLY
214 South 16th Street	
Grover Beach, CA 93433	
Phone: 805-706-3600 Email: <u>slotraffic@slo.courts.ca.gov</u>	_
PEOPLE OF THE STATE OF CALIFORNIA V.	
DEFENDANT: Pat Sample	· ·
REQUEST FOR CONTINUANCE AND PROOF OF SERVICE	CASE/CITATION NUMBER:
(Pen. Code, §1050(a), 1050(b))	21T-12345
CASE INFORMATION	
1. Date of Hearing: 04/14/2021	(
2. Party Requesting to reschedule the hearing:	
Defendant	
Attorney	
$\Box$ Other: , on behalf of	
(Name of Requestor) (Relation to Party)	(Party)
REQUEST	
3. I request the hearing be rescheduled as follows:	
After (specify date): 06/01/2021	
On a date I am available, which does not include (specify dates):	
Other (specify):	
REASON FOR RESCHEDULING	
4. I have a vacation scheduled during that time and have already purchased airline tickets.	
05/30/2021 Bat Sample	
Date Signature of Requestor	
PROOF OF SERVICE	
Check method of service (only one):	
By personal Service By Email By Email	🔲 By Fax
	_ ;
1. I am the: 2. Serving:	,
Defendant Defendant	
☐ Attorney ☐ Officer	
3. I served a copy of this request	<u>_</u>
Date: 05/30/2021	
711 Rockaway Avenue	
<ol> <li>My name, address, and telephone number (specify):</li> <li>Pat Sample 1234 Main Street, San Luis Obispo, 93408 805-540-1234</li> </ol>	
<ol> <li>Fat Sample 1234 Main Street, San Luis Obispo, 93408 805-340-1234</li> <li>I declare under penalty of perjury under the laws of the State of California that the foregoing is</li> </ol>	is true and correct
05/30/2021	
Date	
	0
Pat Sample Pat Jampa	
(NAME OF PERSON WHO SERVED THE PAPERS) (SIGNATURE OF PERS	ON WHO SERVED THE PAPERS)

Local Form TR001 (Amended 09/2021)

	COUNTY OF SAN LUI	S OBISPO	FOR COURT USE ONLY
214 South 16th Street			
Grover Beach, CA 93433 Phone: 805-706-3600 Email: slotraffic@slo.o	2011rts on gov		
Thome. 805-700-5000 Email: stotrathe@sio.	courts.ca.gov		
PEOPLE OF THE STATE OF CALIFORNI	A V.		
DEFENDANT:			
REQUEST FOR CONTINUAN (Pen. Code, §1	ICE AND PROOF OF 050(a), 1050(b))	SERVICE	CASE/CITATION NUMBER:
CASE INFORMATION 1. Date of Hearing:			
<ol> <li>Party Requesting to reschedule the hearin Defendant</li> </ol>			
Attorney			
Officer			
Other:	,	on behalf of	
(Name of Requestor)	(Relation to Party)	(1	arty)
REQUEST	11		
3. I request the hearing be rescheduled as fo	After (specify date):		
On a date I am available, which does not in	· · · · · · · · · · · · · · · · · · ·		
On a date 1 am available, which does not n	· · · · · · · · · · · · · · · · · · ·		
	Other (specify):		
REASON FOR RESCHEDULING			
4			
Date	Sign	ature of Requestor	
Date	Sign	ature of Requestor	
	Sign PROOF OF SEI	-	
Check method of service (only one):	PROOF OF SE	RVICE	
	_	-	By Fax
Check method of service (only one):	PROOF OF SE	RVICE	By Fax
Check method of service (only one): By personal Service 1. I am the: Defendant	PROOF OF SE	RVICE By Mail 2. Serving: Defendant	By Fax
Check method of service (only one): By personal Service 1. I am the: Defendant Attorney	PROOF OF SE	RVICE By Mail 2. Serving: Defendant Attorney	By Fax
Check method of service (only one): By personal Service 1. I am the: Defendant	PROOF OF SE	RVICE By Mail 2. Serving: Defendant	By Fax
Check method of service (only one): By personal Service 1. I am the: Defendant Attorney Officer	PROOF OF SE	RVICE By Mail 2. Serving: Defendant Attorney Officer	By Fax
Check method of service (only one): By personal Service 1. I am the: Defendant Attorney Officer Other 3. I served a copy of this request	PROOF OF SE	RVICE By Mail 2. Serving: Defendant Attorney Officer	By Fax
Check method of service (only one): By personal Service 1. I am the: Defendant Attorney Officer Other 3. I served a copy of this request Date:	PROOF OF SEI By Email	RVICE By Mail 2. Serving: Defendant Attorney Officer	By Fax
Check method of service (only one): By personal Service 1. I am the: Defendant Attorney Officer Other 3. I served a copy of this request Date: Address: 4. My name, address, and telephone number	PROOF OF SEI By Email	RVICE By Mail 2. Serving: Defendant Attorney Officer Other	
Check method of service (only one): By personal Service 1. I am the: Defendant Attorney Officer Other 3. I served a copy of this request Date: Address:	PROOF OF SEI By Email	RVICE By Mail 2. Serving: Defendant Attorney Officer Other	
Check method of service (only one): By personal Service 1. I am the: Defendant Attorney Officer Other 3. I served a copy of this request Date: Address: 4. My name, address, and telephone number	PROOF OF SEI By Email	RVICE By Mail 2. Serving: Defendant Attorney Officer Other	
Check method of service (only one): By personal Service 1. I am the: Defendant Attorney Officer Other 3. I served a copy of this request Date: Address: 4. My name, address, and telephone number	PROOF OF SEI By Email	RVICE By Mail 2. Serving: Defendant Attorney Officer Other	

(NAME OF PERSON WHO SERVED THE PAPERS)

(SIGNATURE OF PERSON WHO SERVED THE PAPERS)