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| ATTORNEY OR PARTY WITHOUT AN ATTORNEY (Name, State Bar number, and address): NAME: ADDRESS: CITY, STATE, ZIP: TELEPHONE NO: FAX NO. (Optional): EMAIL ADDRESS (Optional): ATTORNEY FOR (Name): | FOR COURT USE ONLY |
| SUPERIOR COURT OF CALIFORNIA, COUNTY OF SANTA CRUZ 701 Ocean Street, Room 120 Santa Cruz, CA 95060 Santa Cruz Branch | |
| PEOPLE OF THE STATE OF CALIFORNIA vs. DEFENDANT: | |
| REQUEST AND ORDER TO CALENDAR CASE (FOR ATTORNEY AND AGENCY USE ONLY) | CASE NUMBER: |

Requesting party: _____

Local Rule 5.1.16 requires this request to be filed with the clerk's office at least five court days prior to the requested hearing date unless the matter is deemed urgent. ☐ I am asking for this date to be set less than five court days from filing because _____

The above-referenced case(s) needs to be on calendar for the following reason(s):

1. Arraignment on Violation of: ☐ Probation ☐ Conditional Sentence because: _____

2. ☐ Other (Specify): _____
3. ☐ Modification of ☐ probation terms ☐ or conditional sentence
4. ☐ Appearance ☐ or surrender after issuance of warrant

Case Status

5. Defendant is ☐ in custody ☐ not in custody ☐ Defendant has an outstanding warrant
6. Has bail bond been forfeited? ☐ Yes ☐ No
7. Defendant/Opposing counsel (name) _____ was notified by (name) _____ on (date) _____ at (time) _____ by ☐ telephone call ☐ email ☐ in person
8. ☐ Pending court date _____ in Department _____

PEOPLE OF THE STATE OF CALIFORNIA vs.
DEFENDANT:

CASE NUMBER:

ORDER

1. ☐ Set case on calendar _____ at _____ in Dept. _____.

2. ☐ Date of _____ set for _____
at _____ in Dept _____ is vacated.

3. ☐ Bench Warrant/Warrant of Arrest is ordered recalled _____ (Judge's Initials)

4. ☐ Denied because _____

Dated: _____ Time: _____
(Judicial Officer's Signature)