

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 must be marked to receive calendar date:

- Return on Outstanding Warrant
- Probation Modification Re: (please specify) _____
- Sentence Modification Re: (please specify) _____
- Modification of Protective Order: _____
- Modification of Remand/Jail Turn-in date: _____
- Hearing Re: (please specify) _____

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

