

STANISLAUS COUNTY SUPERIOR COURT
CASE CALENDAR REQUEST

Authorization must be received in the Clerk's Office **NO LATER THAN TWO COURT DAYS PRIOR TO THE SCHEDULED CALENDAR DATE.** If this form is not received within two Court days, your case will be scheduled for a hearing on the next available date.

Case No: _____

Case Name: People vs. _____

Charges: _____
_____ Misdemeanor _____ Felony

Have you previously submitted a request to place this case on calendar?
_____ Yes _____ No

How many times? _____

Has defendant previously failed to appear in this case?
_____ Yes _____ No

How many times? _____

Type of Event(s): (check all applicable)

- _____ Prop 36
- _____ Drug Court
- _____ Recall Warrant
- _____ Modify Probation
- _____ FTA-hearing _____
- _____ Domestic Violence
- _____ Modify Surrender Date
- _____ Current Surrender Date _____
- _____ Re-referral Level 1 Level 2
- _____ Other _____

I believe that good cause exists to calendar this without a formal motion based on the following:

I declare under penalty of perjury that the above is true to the best of my knowledge.

Date: _____

Signature of Requestor

Phone: _____

Printed Name of Requestor

Current Address/City/State/Zip Code

Authorized by: _____ **Date:** _____ **Time:** _____
Superior Court Judge

Denied by: _____ **Print Name:** _____
Superior Court Judge

Calendar Date: _____ **Department:** _____ **Time:** _____

Requestor must notify the Defendant/Defense Counsel/Probation Office/District Attorney of the appearance/calendar date and time.

Contacted by phone left message on _____ (date) at _____ (time) Clerk: _____