

**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? \_\_\_\_\_

I have informed the defendant that a \$75.00 fee will be imposed if defendant fails to appear in Court.  
\_\_\_\_\_ Yes    \_\_\_\_\_ No

*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: \_\_\_\_\_