

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, State Bar number, and address):  TELEPHONE NO.: _____ FAX NO. (Optional): _____ ATTORNEY FOR (Name): _____	FOR COURT USE ONLY
<b>SUPERIOR COURT OF CALIFORNIA, COUNTY OF IMPERIAL</b> <input type="checkbox"/> 650 Wake Avenue, El Centro, CA 92243 <input type="checkbox"/> 939 West Main Street, El Centro, CA 92243 <input type="checkbox"/> 2124 Winterhaven Drive, Winterhaven, CA 92283	
PLAINTIFF: PEOPLE OF THE STATE OF CALIFORNIA  DEFENDANT:	
<b>CALENDARING REQUEST</b>	CASE NUMBER: _____

I, \_\_\_\_\_,  Defendant  Attorney for Defendant  Deputy District Attorney  
request this matter be set for hearing.

Defendant in custody?  No  Yes; Custody Location: \_\_\_\_\_

*Note: Two court days' notice is required for defendants who are in local custody.*

Hearing Date: _____	Time: _____	Department: _____
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The hearing is for the purpose of:

- Warrant Arraignment/Recall
- Change of Plea/Disposition (District Attorney and defendant must have reached final plea agreement)
  - Plea form attached. (Must be executed by all parties)
  - Plea form attached with Addendum CR-17A initialed and signed by defense counsel.
- Conflict of Counsel
- Notice provided. (Proof of service to be filed before hearing)

Victim(s) are to be notified of hearing.

Defendants/Parties are advised to check the posted calendar on the court date as departments are subject to change.

Date: \_\_\_\_\_  
Signature of Requesting Party
Telephone Number

If Defendant has an outstanding warrant, he/she has been informed that the warrant remains active and he/she is subject to arrest.

**ORDER TO PRODUCE**

Sheriff is ordered to produce the defendant for the above hearing. Booking # \_\_\_\_\_



Date: \_\_\_\_\_  
Judge/Commissioner of the Superior Court