

ATTORNEY OR PARTY WITHOUT ATTORNEY (NAME AND ADDRESS):	TELEPHONE NO.:	<i>FOR COURT USE ONLY</i>
ATTORNEY FOR (Name):		
SUPERIOR COURT CALIFORNIA, COUNTY OF IMPERIAL		
STREET ADDRESS:		
CITY AND ZIP CODE:		
BRANCH NAME:		
PLAINTIFF:		
DEFENDANT:		
CALENDARING REQUEST		CASE NUMBER:

I _____, Defendant Attorney for Defendant Deputy District Attorney
 Probation Officer Other _____

request that 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 must be executed by all parties and counsel and be attached to this request. Victim(s) to be notified of hearing.)

Conflict of Counsel

Notice Provided
(Proof of service to be filed before hearing)

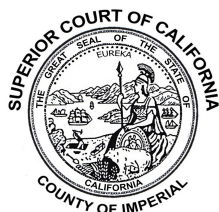
Defendants/Parties are advised to check the posted calendar on the court date as departments are subject to change.

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