

STANISLAUS COUNTY SUPERIOR COURT

CASE CALENDAR REQUEST

Authorization must be received in Clerk's Office **NO LATER THAN FOUR COURT DAYS PRIOR TO THE SCHEDULED CALENDAR DATE**. Unless the judge orders otherwise, if this form is not received at least four court days before the scheduled calendar date, your case will be scheduled for a hearing on the next available date.

Case No: _____

Case Name: People vs. _____

Charges: _____
_____ Misdemeanor _____ Felony

Next Hearing Date: _____ N/A

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? _____

Please explain the reasons for the request:

Date: _____

Printed Name of Requestor

Phone Number: (_____) _____ - _____

Signature of Requestor

Current Address/City/State/Zip Code

Request is: **Granted** **Denied**

The Court finds good cause to waive the requirement that this form be submitted to the Clerk's Office at least four days before the calendar date set forth below:

Calendar Date: _____ Department: _____ Time: _____

Judge of the Superior Court

Print Name Judge

Date

Contacted by: by phone left message on _____ - _____ - _____ : _____
am
pm

Date

Time

By Deputy Clerk

Copy: mailed placed in attorney box