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? _____

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 _____
☐ Homeless Court
☐ Veterans Court

Please explain the reasons for the request:

_____
_____
_____

Date: _____

Phone Number: (_____**)** _____ **-** _____

_____
Printed Name of Requestor

_____
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**

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