SUPERIOR COURT 1050 Monterey Street,	FOR COURT USE ONLY		
Phone: 805-706-3600 H	E-mail: slocrim@slo.courts.ca.gov		
ATTORNEY OR PARTY W	ITHOUT ATTORNEY:		
NAME:			
STREET ADDRESS:			
CITY:	STATE: ZIP CODE:		
TELEPHONE NO.: ATTORNEY FOR (Name):	E-MAIL:		
ATTORNET FOR (Nume).			
PEOPLE OF THE STATE O	F CALIFORNIA V.		
DEFENDANT:	DATE OF BIRTH:		
	Motion to Calendar Criminal Case	CASE NUMBER:	
Ι	Defendant		
Request this matter be	placed on the Court's calendar as follows:		
Calendar Date:	Department:	Time:	
Reason must be man	ked to receive calendar date:		
П	Return on Outstanding Warrant		
Probation Modification Re: (please specify - request will require additional information be			
Ц	attached if Defendant is on Formal Probation)		
	attached if Defendant is on Political Probation)		
	Sentence Modification Re: (please specify - request will requ	ire additional information be	
	attached if Defendant is on Formal Probation)		
	Modification of Protective Order:		
	Modification of Remand/Jail Turn-in date:		
	Hearing Re: (please specify)		
Defendants/Parties are	e advised to check the posted calendar on the court date as d	lepartments are subject to change.	
	Date	Signature	
☐ Proof of Se	rvice Attached		

^{**} FORMAL PROBATION MATTERS MUST BE SERVED ON THE PROBATION DEPARTMENT **

SUPERIOR COURT OF CALIFORNIA, COUNTY OF SAN LUIS OBISPO 1050 Monterey Street, Rm 220 San Luis Obispo, CA 93408	FOR COURT USE ONLY
Phone: 805-706-3600 E-mail: slocrim@slo.courts.ca.gov	
ATTORNEY OR PARTY WITHOUT ATTORNEY:	
NAME:	
STREET ADDRESS:	
CITY: STATE: ZIP CODE:	
TELEPHONE NO.: E-MAIL:	
ATTORNEY FOR (Name):	
PEOPLE OF THE STATE OF CALIFORNIA V.	
DEFENDANT:	
PROOF OF PERSONAL SERVICE	CASE NUMBER:
Check method of service (only one):	
□ By Personal Service □ By Mail □ By G □ By Messenger Service □ By Fax	Overnight Delivery
 I am at least 18 years old, not a party to this action and not a protected person listed in a orders 	ny of the
2. Person(s) served (name(s)):	
3. I served copies of the following documents (specify):	
Date: Time:	
Address:	
Audress.	
4. My name, address, and telephone number (specify):	
5. I declare under penalty of perjury under the laws of the State of California that the foreg	oing is true and correct
5. I declare under penanty of perjury under the faws of the State of Camorina that the foreg	oling is true and correct.
Date	
(NAME OF PERSON WHO SERVED THE PAPERS) (SIGNATURE OF PERSON W	THO SERVED THE PAPERS)