

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, State Bar number, and address): TELEPHONE NO: _____ FAX NO. (Optional): _____ E-MAIL ADDRESS (Optional): _____ ATTORNEY FOR (Name): _____	FOR COURT USE ONLY
SUPERIOR COURT OF CALIFORNIA, COUNTY OF MADERA 200 South G Street Madera, California 93637 Criminal Division	
PEOPLE OF THE STATE OF CALIFORNIA VS. DEFENDANT:	
REQUEST FOR CALENDAR SETTING – CRIMINAL DIVISION	CASE NUMBER:

1. I request that this case be placed on calendar for the following reason:
 (This form is not intended to be used for recalling bench warrants)

Specify: _____

2. Estimated time for hearing: _____

I AGREE TO NOTIFY THE CALENDAR OFFICE IMMEDIATELY IN WRITING IF I WISH TO TAKE THIS MATTER OFF CALENDAR. I ALSO UNDERSTAND THAT IF I CALENDAR A MATTER AND DO NOT APPEAR AT THE HEARING OR NOTIFY THE CALENDAR DESK IN WRITING THAT I WOULD LIKE THIS MATTER OFF CALENDAR, THE COURT WILL TAKE THE MATTER OFF CALENDAR ON ITS OWN MOTION. THE COURT MAY ALSO ISSUE SANCTIONS AGAINST ME, INCLUDING A MONETARY SANCTION UP TO \$1000.00, OR DISMISS THE CASE OR BOTH.

Date: _____
 _____ Print/Type Name of Moving Party or Attorney
 _____ Signature of Moving Party or Attorney

CALENDARING:

Hearing Date: _____ Dept. : _____ Time: _____ a.m./p.m.

FOR COURT USE ONLY

APPROVED FOR CALENDAR: _____ DATE: _____

JUDGES SIGNATURE: _____