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| ATTORNEY OR PARTY WITHOUT ATTORNEY *(Name, State Bar number, and address)*:

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| 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 StreetMadera, California 93637Criminal Division |
| PEOPLE OF THE STATE OF CALIFORNIAVS.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:      \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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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 AGAINS 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

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| **CALENDARING:** |
| Hearing Date: |  | Dept. : |  | Time:  |  | a.m./p.m.  |
|  |  |  |  |  |
|  |

***FOR COURT USE ONLY***

APPROVED FOR CALENDAR: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

JUDGES SIGNATURE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_