

Defendant Name: _____

Address: _____

Phone Number: _____

SUPERIOR COURT OF CALIFORNIA, COUNTY OF SAN BERNARDINO

PEOPLE OF THE STATE OF CALIFORNIA,)
)
 Plaintiff,)
)
 vs.)
)
 NAME: _____)
)
 Defendant, IN PRO PER)
)
 _____)

Case No.: _____

REQUEST TO CALENDAR

It is hereby requested that the above case be added onto the Court calendar for the purpose of determination on the issue of:

(REASON):

Interpreter Required: No Yes; Language: _____

DATED: _____
Signature of Defendant

Clerk's Use Only:

Your hearing date has been scheduled at the Court address noted above as follows:

Hearing Date:	Time:	Department:

Date: _____
Deputy Clerk

Notification: D.A. Defense Counsel Probation Interpreter Coordinator

REQUEST TO CALENDAR