

ATTORNEY OR PARTY WITHOUT ATTORNEY (NAME AND ADDRESS):	TELEPHONE NO.:	<i>FOR COURT USE ONLY</i>
ATTORNEY FOR (Name):		
SUPERIOR COURT CALIFORNIA, COUNTY OF IMPERIAL		
STREET ADDRESS:		
CITY AND ZIP CODE:		
BRANCH NAME:		
PLAINTIFF:		
DEFENDANT:		
ExPARTE REQUEST FOR HEARING		CASE NUMBER:

I _____, Defendant Attorney for Defendant Deputy District Attorney
 Probation Officer Other _____
request that this matter be set for hearing:

Calendar date:	Dept:	Time:
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The hearing is for the purpose of:

- Warrant Arraignment Withdraw Plea/Dismiss - 1203.4 PC (proper motion must be attached)
- Change of Plea/Disposition
(District Attorney and Defendant must have reached final plea agreement. Plea form must be finalized)
- Modification : Re-referral to Program _____
- Advance Hearing _____

- Proof of Mailing Attached
- Opposing party/attorney advised of request

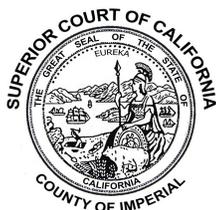
Defendants/Parties are advised to check the posted calendar on the court date as departments are subject to change.

Date: _____
Signature of Requesting Party
Telephone Number

- If Defendant has an outstanding warrant, he/she has been informed that the warrant remains active and he/she is subject to arrest.

ORDER TO PRODUCE

- Sheriff is ordered to produce the defendant for the above hearing. Booking # _____



Date: _____
Judge/Commissioner of the Superior Court