SUPERIOR COURT OF CALIFORNIA
COUNTY OF SACRAMENTO

REQUEST FOR CALENDARING CHANGE

X-REF-

TO CALENDAR CLERK DEPT.	DEFENDANT NAME (LAST, FIRST, MI)	TODAY'S DATE	CASE NUMBER

DATE OF NEXT COURT APPEARANCE OR FTA	TIME	DEPT	PROCEEDINGS	CUSTODY ☐ YES ☐ NO

NAME OF PERSON REQUESTING CHANGE	TELEPHONE NUMBER	NAME OF OPPOSING COUNSEL ☐ NOTIFIED ☐ WILL BE NOTIFIED

NEW CALENDAR DATE REQUESTED	DEPARTMENT	TIME

COURT INTERPRETER NEEDED
LANGUAGE:

REASON

SIGNATURE OF JUDGE APPROVING REQUEST

ARREST/BENCH WARRANT TO BE RECALLED ☐ YES ☐ NO