Choose a location

ATTORNEY OR PARTY WITHOUT ATTORNEY *(NAME AND ADDRESS)*: TELEPHONE NO.:	*FOR COURT USE ONLY*
ATTORNEY FOR *(NAME)*:	
SUPERIOR COURT OF CALIFORNIA, COUNTY OF SANTA BARBARA STREET ADDRESS: MAILING ADDRESS: CITY AND ZIP CODE: BRANCH NAME:	
PLAINTIFF: People of the State of California DEFENDANT:	
NOTICE OF MOTION ☐ Prove Prior Conviction ☐ File requested	CASE NUMBER

1. TO CLERK: A hearing on the Motion will be held as follows:
2. Schedule case #

DATE:	TIME:	DEPT:	☐ SANTA BARBARA CRIMINAL DIVISON ☐ SANTA MARIA CRIMINAL DIVISION ☐ LOMPOC CRIMINAL DIVISION

NOTICE OF MOTION:

Dated:

Type or Print Name

Signature of District Attorney

Clear Fields Print Form