

ATTORNEY OR PARTY WITHOUT ATTORNEY (NAME AND ADDRESS): TELEPHONE NO.: ATTORNEY FOR (NAME):	FOR COURT USE ONLY
SUPERIOR COURT OF CALIFORNIA, COUNTY OF SANTA BARBARA STREET ADDRESS: MAILING ADDRESS: CITY AND ZIP CODE: BRANCH NAME:	
PLAINTIFF: <p style="text-align: center;">People of the State of California</p> DEFENDANT:	
<p style="text-align: center;">NOTICE OF MOTION</p> <input type="checkbox"/> Prove Prior Conviction <input type="checkbox"/> File requested	CASE NUMBER

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

DATE:	TIME:	DEPT:	<input type="checkbox"/> SANTA BARBARA CRIMINAL DIVISION <input type="checkbox"/> SANTA MARIA CRIMINAL DIVISION <input type="checkbox"/> LOMPOC CRIMINAL DIVISION
-------	-------	-------	---

NOTICE OF MOTION:

Dated:

Type or Print Name

Signature of District Attorney