Wm. Gregory Polster
2611 University Ave.
San Diego, CA 92104

CRIMINAL APPEARANCE REQUEST

Tel # (619) 688-9400
Fax # (619) 688-1665

FROM: _____

_____

_____

_____

ATTORNEY FOR: _____
First Middle Last

Defendant's DOB: _____

TEL #: ( ) _____

FAX #: ( ) _____

BILL TO: _____

TYPE OF HEARING: _____

DATE: _____ TIME: _____ DEPT: _____

CASE NAME: _____

CASE NUMBER: _____

COURT: _____

COURT ADDRESS/CITY: _____

YOUR FILE #: _____

What is the charge? _____

Will defendant be present? ____ Yes ____ No ☐ In Custody ☐ OR ☐ On Bail

Do you have a 977 waiver if not present? ____ Yes ____ No Waive Time __Yes __No

IF REQUESTING CONTINUANCE, REASON FOR CONTINUANCE (SHOW GOOD CAUSE): _____

_____

_____

_____

INSTRUCTIONS:

RESULTS OF CRIMINAL APPEARANCE

NEXT HEARING DATE:

_____	_____	_____	_____
TYPE OF HEARING	DATE	TIME	DEPT/DIV

COMMENTS: