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San Diego, CA 92104

**CRIMINAL APPEARANCE REQUEST**

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

FROM: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

TYPE OF HEARING: \_\_\_\_\_

DATE: \_\_\_\_\_ TIME: \_\_\_\_\_ DEPT: \_\_\_\_\_

CASE NAME: \_\_\_\_\_

ATTORNEY FOR: \_\_\_\_\_  
                    First                    Middle                    Last

CASE NUMBER: \_\_\_\_\_

Defendant's DOB: \_\_\_\_\_

COURT: \_\_\_\_\_

TEL #: (    ) \_\_\_\_\_

COURT ADDRESS/CITY: \_\_\_\_\_

FAX #: (    ) \_\_\_\_\_

YOUR FILE #: \_\_\_\_\_

BILL TO: \_\_\_\_\_

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: