

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, State Bar Number, and address): TELEPHONE NO.: _____ FAX NO. (Optional): _____ EMAIL ADDRESS (Optional): _____ ATTORNEY FOR (Name): _____	FOR COURT USE ONLY
SUPERIOR COURT OF CALIFORNIA, COUNTY OF SAN DIEGO <input type="checkbox"/> CENTRAL DIVISION, CENTRAL COURTHOUSE, 1100 UNION ST., SAN DIEGO, CA 92101 <input type="checkbox"/> CENTRAL DIVISION, KEARNY MESA, 8950 CLAIREMONT MESA BLVD., SAN DIEGO, CA 92123 <input type="checkbox"/> EAST COUNTY DIVISION, 250 E. MAIN ST., EL CAJON, CA 92020 <input type="checkbox"/> NORTH COUNTY DIVISION, TRAFFIC, 325 S. MELROSE DR., SUITE 350, VISTA, CA 92081 <input type="checkbox"/> NORTH COUNTY DIVISION, CRIMINAL, 325 S. MELROSE DR., SUITE 500, VISTA, CA 92081 <input type="checkbox"/> SOUTH COUNTY DIVISION, 500 3RD AVE., CHULA VISTA, CA 91910	
PLAINTIFF PEOPLE OF THE STATE OF CALIFORNIA	
DEFENDANT	
MISDEMEANOR AND INFRACTION COUNTER/FAX ARRAIGNMENT FORM	
CASE NUMBER _____	

Violation(s): _____

Date of Offense: _____ Appearance Date: _____

IF CASE NUMBER IS UNKNOWN:

Defendant's Name: _____ AKA: _____

Date of Birth: _____ Address: _____
First Middle Last Street City State Zip Code

ATTORNEY STATEMENT: I represent that I have read the Misdemeanor and Infraction Counter/Fax Arraignment Criteria form (SDSC Form #CRM-140) and that this case meets all San Diego Superior Court counter/fax arraignment criteria as stated therein. I represent that the defendant is not in custody. I am authorized by the defendant and do hereby enter my general appearance in this case on behalf of the defendant, to enter a not guilty plea, waive reading of the complaint, waive time for trial and deny any probation violations, priors, or allegations. I agree to appear on the date and time assigned by the court as indicated below.

Request an interpreter for court proceedings. Language: _____

Date(s) attorney is unavailable to appear (within 60 days): _____
Note that the court may consider, but is not required to accommodate, the attorney's schedule.

Date: _____ Signature of Attorney _____

FOR COURT USE ONLY

Appearance set for _____ on _____ at _____ a.m. p.m. in Dept. _____.

Appearance set for _____ on _____ at _____ a.m. p.m. in Dept. _____.

- Future date vacated: _____
 Case is not filed with the court at this time. The defendant must appear in court or at the business office on the date and time noted on the citation or release document.
 The form has been rejected and returned for reasons stated in the attached Return of Fax Arraignment Request (SDSC Form #CRM-142).

By Order of the San Diego Superior Court Presiding Judge

Date: _____ Presiding Judge of the Superior Court Clerk's Initials /Printed Name

RELEASE STATUS: Own Recognizance Cash Bail Posted, continued Bail Bond Posted, continued
 WARRANT STATUS: Recalled/Rescinded _____ / _____ ONLINE ABSTRACT SUBMITTED TO DMV: _____ / _____
Date Clerk's Initials Date Clerk's Initials

Distribution by: _____ on _____ to: Pros. Def. Atty Interpreter Coordinator