

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, HALL OF JUSTICE, 330 W. BROADWAY, SAN DIEGO, CA 92101 <input type="checkbox"/> EAST COUNTY DIVISION, 250 E. MAIN ST., EL CAJON, CA 92020 <input type="checkbox"/> NORTH COUNTY DIVISION, 325 S. MELROSE DR., VISTA, CA 92081 <input type="checkbox"/> SOUTH COUNTY DIVISION, 500 3RD AVE., CHULA VISTA, CA 91910	
PLAINTIFF(S) / PETITIONER(S)	
DEFENDANT(S) / RESPONDENT(S)	
REQUEST FOR ISSUANCE OF BENCH WARRANT OF ARREST AND NOTICE TO SHERIFF	CASE NUMBER _____

1. I, _____, am the attorney for plaintiff/petitioner defendant/respondent assignee of record in the above entitled case. A bench warrant of arrest was ordered on _____ (date) for plaintiff/petitioner defendant/respondent, _____.
2. I hereby request that a Bench Warrant of Arrest (SDSC Form # ADM-273) be issued for the County of _____ and mailed to the Sheriff of said county at the following address: _____.
3. A completed Description of Defendant/Witness (SDSC Form #CIV-087) is attached to this request.
4. I understand that once the Bench Warrant of Arrest (SDSC Form #ADM-273) is issued, the court will transmit the warrant to the Sheriff at the address listed in Item 2. I further understand, that once the warrant is transmitted, I am responsible for contacting that Sheriff's department to obtain and complete any forms required for service and to pay any applicable fees.

I declare under penalty of perjury under the laws of the State of California that the forgoing is true and correct.

Date: _____

Type or print name

Signature

NOTICE TO SHERIFF

Transmitted with this Notice is the **original** Bench Warrant of Arrest (SDSC Form #ADM-273) and a copy of the Description of Defendant/Witness (SDSC Form #CIV-087). The party listed in Item 1 above has been directed to contact your office to obtain any forms required for service and to pay any applicable fees.

The **original** Bench Warrant of Arrest (SDSC Form #ADM-273) shall be returned to the sending court upon execution, expiration, or inability to serve the warrant, whichever occurs first.

San Diego Superior Court does not issue a bail amount for a non-custody cite and release only bench warrant issued pursuant to CCP § 1993(b)(11). Therefore, the bench warrant should be handled as indicated on the warrant.

Questions about the warrant should be directed to the issuing department at the phone number listed on the Bench Warrant of Arrest (SDSC Form #ADM-273).

CERTIFICATE OF SERVICE

I certify that I am not a party to the above-entitled cause and that I placed the original Bench Warrant of Arrest (SDSC Form #ADM-273), a copy of the Description of Defendant/Witness (SDSC Form #CIV-087), and this form in a sealed envelope addressed to the Sheriff at the address listed in Item 2 above. I further certify that I placed a copy of this form in a sealed envelope addressed to the party listed in Item 1 above. Both envelopes with postage prepaid were deposited in the United States mail at Chula Vista El Cajon San Diego Vista, California.

Clerk of the Superior Court

Date: _____

by _____, Deputy