



COVID-19 Felony Action Request

JUSTICE CENTER

Harbor Justice Center

COVIDFelRequestHJC@occourts.org

North Justice Center

COVIDFelRequestNJC@occourts.org

West Justice Center

COVIDFelRequestWJC@occourts.org

CASE INFORMATION

Case Number[s]: _____

Defendant: _____

For the above case[s]:

I am the defendant in this case and not represented by counsel. (Pro Per)

I have 977(b) authority [Felony].

The defendant is: out-of-custody. in custody.

Counsel have met and discussed/attempted to discuss resolution.

Action requested:

Case resolution [Action results in removal from the Court's *Open Case* inventory.]

Settlement conference [Describe procedural posture of case i.e., arraignment, pretrial, etc.]

Submission of Tahl form[s] or other pleas agreements[s].

Warrant Recall

Other _____

Requested dates and times for conference:

1st Choice: _____

2nd Choice: _____

3rd Choice: _____

ATTORNEY INFORMATION

Requestor Name: _____

DA Def Counsel In Pro Per

Phone Number: _____

Email Address: _____

Opposing Counsel: _____

DA Def Counsel

Phone Number: _____

Email Address: _____

NOTES

- Attorney/Defendant email addresses and phone numbers are required.
- Judge/clerk will contact attorneys/defendant when the matter is ready for chambers conference.