ATTORNEY OR PARTY WITHOUT ATTORNEY *(Name, State Bar number, and address):*	**To keep other people from seeing what you entered on your form, please press the Clear This Form button at the end of the form when finished.**
TELEPHONE NO.: FAX NO.: E-MAIL ADDRESS *(optional):* ATTORNEY FOR *(Name):*	
SUPERIOR COURT OF CALIFORNIA, COUNTY OF	
In re DEFENDANT: , on habeas corpus Date of birth: California Dept. of Corrections No. *(if applicable):*	
NOTICE AND REQUEST FOR RULING **(Cal. Rules of Court, rule 4.551(a)(3)(B))**	CASE NUMBER(S):

I, , filed a petition for writ of habeas corpus in the above entitled case in the Superior Court of California, County of *(name):* on *(date):* .

As of this date, I have not received a ruling on the petition within 60 days of filing as required by rule 4.551(a)(3)(A) of the California Rules of Court. Therefore, I request that the court rule on the petition. (California Rules of Court, rule 4.551(a)(3)(B).) A copy of the original petition for writ of habeas corpus is attached to this *Notice and Request for Ruling*.

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

Date:

(TYPE OR PRINT NAME) (SIGNATURE)

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