

|   |                           |
|---|---------------------------|
| <b>SUPERIOR COURT OF CALIFORNIA, COUNTY OF</b><br>STREET ADDRESS:<br>MAILING ADDRESS:<br>CITY AND ZIP CODE:<br>BRANCH NAME: | <b>FOR COURT USE ONLY</b> |
| <b>PEOPLE OF THE STATE OF CALIFORNIA</b><br>v.<br><b>DEFENDANT:</b>   |                           |
| <b>CAPITAL CASE ATTORNEY LIST OF MOTIONS</b><br><input type="checkbox"/> Pretrial <input type="checkbox"/> Trial            | CASE NUMBER:              |

**Instructions:** For each motion you make in a case in which the death penalty may be imposed, including any ex parte motions, provide the date the motion was made, the department in which it was made, and a brief description of the motion. For pretrial motions, check the box if the motion is awaiting resolution.

| Date | Court Dept./Div. | Description | Awaiting Resolution      |
|------|------------------|-------------|--------------------------|
|      |                  |             | <input type="checkbox"/> |
|      |                  |             | <input type="checkbox"/> |
|      |                  |             | <input type="checkbox"/> |
|      |                  |             | <input type="checkbox"/> |
|      |                  |             | <input type="checkbox"/> |
|      |                  |             | <input type="checkbox"/> |
|      |                  |             | <input type="checkbox"/> |
|      |                  |             | <input type="checkbox"/> |
|      |                  |             | <input type="checkbox"/> |
|      |                  |             | <input type="checkbox"/> |
|      |                  |             | <input type="checkbox"/> |
|      |                  |             | <input type="checkbox"/> |
|      |                  |             | <input type="checkbox"/> |
|      |                  |             | <input type="checkbox"/> |
|      |                  |             | <input type="checkbox"/> |

(continued on reverse)

|  |              |
|--|--------------|
| PEOPLE OF THE STATE OF CALIFORNIA v.<br>DEFENDANT: | CASE NUMBER: |
|--|--------------|

| Date | Court Dept./Div. | Description | Awaiting Resolution      |
|------|------------------|-------------|--------------------------|
|      |                  |             | <input type="checkbox"/> |
|      |                  |             | <input type="checkbox"/> |
|      |                  |             | <input type="checkbox"/> |
|      |                  |             | <input type="checkbox"/> |
|      |                  |             | <input type="checkbox"/> |
|      |                  |             | <input type="checkbox"/> |
|      |                  |             | <input type="checkbox"/> |
|      |                  |             | <input type="checkbox"/> |
|      |                  |             | <input type="checkbox"/> |
|      |                  |             | <input type="checkbox"/> |
|      |                  |             | <input type="checkbox"/> |
|      |                  |             | <input type="checkbox"/> |
|      |                  |             | <input type="checkbox"/> |
|      |                  |             | <input type="checkbox"/> |
|      |                  |             | <input type="checkbox"/> |
|      |                  |             | <input type="checkbox"/> |
|      |                  |             | <input type="checkbox"/> |

Check here if you need more space. Attach a sheet of paper and write "CR-603, List of Motions" for a title.

Date:

\_\_\_\_\_, attorney for \_\_\_\_\_  
(TYPE OR PRINT NAME) (PARTY)

\_\_\_\_\_  
(SIGNATURE OF ATTORNEY)