

1 COUNSEL FOR PARENT
By: _____, Esq. SBN

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3 Telephone:
4 Facsimile:

5 Attorney for _____, parent

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8 **IN THE SUPERIOR COURT OF THE STATE OF CALIFORNIA**
9 **IN AND FOR THE COUNTY OF SACRAMENTO**
10 **SITTING AS THE JUVENILE COURT**

11 In re the Matter of:) Case No.:
12) Department No.:
13)
14) **MOTION AND ORDER TO RETURN TO**
15) **HOME COURT FOLLOWING**
16) **DEPENDENCY DRUG COURT**
17) **DISMISSAL**
18)
19)
20)
21)
22)
23)
24)
25)

1. NAME OF CLIENT:
2. DATE OF DEPENDENCY DRUG COURT (DDC) HEARING:
3. At the DDC hearing it was determined that _____ was in
eligible for drug court due to:
 parent has timed out of DDC.
 parent was determined to be ineligible for DDC due to use of medical
marijuana or prescription medications that make the parent otherwise ineligible.

