Submitted by (Name and Address) Name: Street Address: City, State: Telephone Number:	*COURT USE ONLY*
SUPERIOR COURT OF CALIFORNIA, COUNTY OF SACRAMENTO Street Address: **3341 Power Inn Road** City and Zip Code: **Sacramento, CA 95826** Branch Name: **SITTING AS THE JUVENILE COURT**	
NAME OF MINOR:	
REQUEST TO RECALL ARREST WARRANT	CASE NUMBER:

1. An Arrest Warrant for *(parent name)*_____ was issued on *(date)*_____.

2. The Department of Child Family and Adult Services (DCFAS) requests the Arrest Warrant be recalled because:
   - ☐ Minor is in the custody of DCFAS.
   - ☐ Minor is in custody in juvenile detention.

_____	_____	_____
Print or Type Name	DCFAS Representative's Signature	Date

COURT ORDERS:

☐ The request to recall the Arrest Warrant is granted.

Date: _____

_____
Judicial Officer of the Juvenile Court