Submitted by (Name and Address) Name: Street Address: City, State: Telephone Number:  SUPERIOR COURT OF CALIFORNIA, COUNTY OF SACRAMENTO Street Address: City and Zip Code: Branch Name: SITTING AS THE JUVENILE COURT		FOR COUR	T USE ONLY
MINOR'S NAME: MINOR'S XREF:	MINOR'S DATE OF BIRTH:		
		OA OE AH IMADED.	DEDT NO
REQUEST TO CLEAR OR RECALL WARRANT		CASE NUMBER:	DEPT. NO.:
A warrant was issued on			
2. Name of minor's social worker:			
<ul> <li>The Department of Child, Family and Adult Services (DCFAS) requests the warrant be cleared because:</li> <li>Minor is in the custody of DCFAS.</li> <li>Minor is in custody in juvenile detention.</li> </ul>			
<ul> <li>4. The DCFAS requests the warrant be recalled because:</li> <li>Dependency was terminated on</li> <li>Minor is now 18 years of age or older.</li> <li>A new warrant was issued on</li> </ul>			
COURT ORDERS:			
The warrant issued			
☐ Cleared. ☐ Recalled.			
Date:		e Juvenile Court	