

SUPERIOR COURT OF CALIFORNIA, COUNTY OF STREET ADDRESS: MAILING ADDRESS: CITY AND ZIP CODE: BRANCH NAME:			FOR COURT USE ONLY
PEOPLE OF THE STATE OF CALIFORNIA VS. SUPERVISED PERSON:			
REQUEST AND ORDER TO RECALL WARRANT <input type="checkbox"/> PAROLE <input type="checkbox"/> PRCS			
CII No.:	CDCR No.:	FBI No.:	CASE NUMBER:

NOTICE
Any person using this form to request that a warrant be recalled must attach a signed copy of the warrant in question to this form.

CONVICTION AND SUPERVISION INFORMATION

The supervised person was convicted of the following offenses:
 on *(date)*: in case number(s): and sentenced to:

The supervised person was released on supervision on *(date)*:
 Supervision is scheduled to expire on *(date)*:

WARRANT INFORMATION

The attached warrant for the arrest of the supervised person was ordered on *(date)*:
 The warrant was ordered for *(select one)*: No Bail Bail Amount *(specify amount)*:
 Supervision was also summarily revoked and ordered tolled on

REQUEST FOR RECALL OF WARRANT

This request for recall is being made because *(select all that apply)*:

- The supervised person has been located and is currently in compliance with the terms of supervision.
- The supervised person has been arrested for a new offense in another county *(specify charges and case number, if any)*:
- The supervised person has been arrested. The supervising agency declines to petition the court for a formal revocation because the supervising agency has determined that an intermediate sanction without court involvement is an appropriate response to the alleged violation.
- Other *(specify)*:
- The supervising agency also requests that supervision be reinstated.

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 AND TITLE SIGNATURE

ORDER		For court use only
<input type="checkbox"/>	Based on the above declaration and information, the court grants the request and orders the warrant described above recalled.	
<input type="checkbox"/>	The court reinstates supervision.	
<input type="checkbox"/>	Request Denied.	
Date:	Time:	Location:

 JUDICIAL OFFICER Page 1 of 1

For your protection and privacy, please press the Clear This Form button after you have printed the form.