

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, State Bar number, and address): TELEPHONE NO.: _____ FAX NO. (Optional): _____ EMAIL ADDRESS (Optional): _____ ATTORNEY FOR (Name): _____	<i>FOR COURT USE ONLY</i>
SUPERIOR COURT OF CALIFORNIA, COUNTY OF SAN DIEGO CENTRAL DIVISION, JUVENILE COURT, 2851 MEADOW LARK DR., SAN DIEGO, CA 92123	
IN THE MATTER OF _____ A MINOR	
REQUEST, RESPONSE, AND ORDER TO RECALL WARRANT AND ADDRESS RELATED ISSUES	CASE NUMBER _____

YOUTH'S INFORMATION:

Full Name: _____
 Date of Birth: _____ JDA Number: _____

PROSECUTOR'S REQUEST:

- Recall arrest warrant/bench warrant/JDO issued.
- Enter a restitution judgment. [See attached JUV-790 and JUV-791 forms.]
- Find the youth has not satisfactorily completed probation.
- Terminate jurisdiction.
- Set a hearing to determine: _____

Date: _____

 Type or print name _____
Signature of Prosecutor

DEFENSE'S RESPONSE TO REQUEST:

- No opposition to the above request(s).
- Opposition to the above request(s).
- Request for hearing to determine:
 - the amount of restitution still owed.
 - whether the youth satisfactorily completed probation.
 - other: _____

Date: _____

 Type or print name _____
Signature of Defense Attorney

COURT ORDER

- The request is granted in whole.
- The request is denied in whole.
- The matter is set for hearing on _____ at _____ a.m. p.m. in Department _____ of the Juvenile Court.

IT IS SO ORDERED:

Date: _____ _____
Judge of the Superior Court