

ATTORNEY OR PARTY WITHOUT ATTORNEY (NAME AND ADDRESS):	TELEPHONE NO.:	FOR COURT USE ONLY
ATTORNEY FOR (NAME):		
SUPERIOR COURT OF CALIFORNIA, COUNTY OF SANTA BARBARA		
STREET ADDRESS:		
MAILING ADDRESS:		
CITY AND ZIP CODE:		
BRANCH NAME:		
PLAINTIFF:		
DEFENDANT:		
REQUEST FOR RECALL OF BENCH WARRANT IN SUPPLEMENTAL PROCEEDINGS		CASE NUMBER:

The undersigned _____

hereby requests the recall of the bench warrant for _____, the

Judgment Debtor

Debtor of Judgment Debtor

Bail was ordered in the amount of \$ _____ in the above-entitled case.

Dated _____

Judgment Creditor or Attorney for Judgment Creditor

ORDER

To the Sheriff:

You are hereby directed to recall the bench warrant described above.

Dated _____

Judge of the Superior Court