



County of San Diego

JEAN M. SHEPARD
AGENCY DIRECTOR
HEALTH AND HUMAN SERVICES AGENCY

HEALTH AND HUMAN SERVICES AGENCY

MARY C. HARRIS
DIRECTOR
CHILD WELFARE SERVICES

CHILD WELFARE SERVICES
6950 LEVANT STREET, SAN DIEGO, CA 92111-6098
(858) 694-5413 FAX (858) 694-5475

CHILD WELFARE PROGRAMS
858-694-5111

POLICY AND PROGRAM SUPPORT
858-694-5348

POLINSKY CHILDREN'S CENTER
858-514-4718

ADOLESCENT SERVICES
858-694-5751

PAROLE REQUEST LETTER

Date:

Bruce Ward, Assistant Deputy Port Director
San Ysidro and Otay Ports of Entry
USA Bureau of Customs and Border Protection

Dear Mr. Ward:

State ID:

Child(ren):	DEPENDENCY PETITION NO:

The presence of the mother father relative

Name:	DOB:
--------------	-------------

is requested for:

Juvenile Court proceedings on the following date _____ at the Courthouse located at:

Juvenile Court Mandated Reunification Plan / Visitation on the following date _____ :

Address: _____

We request that this person be paroled into the United States at the following Port of Entry:

Please inform if the parole is either granted or denied for this individual at your earliest convenience by returning this letter to the International Liaison via fax at (858) 514-6632. If you have any questions, please call the office of the International Liaison at (858) 514-6730. Thank you in advance for your cooperation in this matter.

Cordially,

International Liaison
Child Welfare Services
Health and Human Services Agency
San Diego County

Supervisor
Name:
Telephone:

Social Worker
Name:
Telephone:
Fax:

Program: