

Attorney or Party Without Attorney (Name, Address, SB #) _____ Petitioner, v. _____ Respondent.	<i>Reserved for Clerk's File Stamp</i>
Declaration in Support of Ex Parte Application for Orders	
Case No. _____	

Hearing Date: _____ Time: _____ Dept: _____

I the: Petitioner Respondent Other Parent Other _____
 declare the following:

1. I would like the Judicial Officer to order:

Emergency Custody Order

Domestic Violence Restraining Order

Order Shortening Time

Other: _____

2. Reason ex parte relief is necessary:

3. Name of opposing party (or attorney):

4. Was notice of the Ex Parte Request given to the other party? YES NO

5. NOTICE WAS GIVEN: The opposing parties were notified of the relief requested and that an Ex-Parte Hearing would be heard by the Court on (date) _____ at 8:45 a.m. as indicated below:

