

Attorney or Party Without Attorney (Name, Address, SB #) <hr style="border: 0; border-top: 1px solid black; margin-bottom: 10px;"/> Petitioner, v. <hr style="border: 0; border-top: 1px solid black; margin-top: 10px;"/> 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:

PLAINTIFF: RESPONDENT:	CASE NUMBER:
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a. Notice was given to : Attorney for: Plaintiff/Petitioner Defendant/Respondent
 Other Parent Other _____

b. Notification occurred on (date): _____ at (time) _____.
Note: notice must be given AT LEAST the day before the hearing by 10:00 a.m.

c. Manner of notification *as per CRC 5.165(a)* : By Phone In Writing
 By Voicemail Message

6. **NOTICE NOT GIVEN:** Notice of this request was not given to the other party because:

a. This is a request for a Domestic Violence Restraining Order.

b. Notice of this request would frustrate the purpose of the order sought for the following reason:
 _____.

c. Applicant would suffer immediate and irreparable harm before this matter could be heard. (explain in detail)
 _____.

d. A reasonable and good faith effort to notify the opposing party was made but notification was unsuccessful. (Describe in detail attempts made)
 _____.

Notice: After providing notice each party is to be served with the documents at the first reasonable opportunity.

I declare under penalty of perjury under the laws of the State of California that the above information is true and correct.

Dated: _____

 Printed Name By: _____
Signature