

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, State Bar number, and address):  TELEPHONE NO.: _____ FAX NO. (Optional): _____ E-MAIL ADDRESS (Optional): _____ ATTORNEY FOR (Name): _____	FOR COURT USE ONLY
<b>SUPERIOR COURT OF CALIFORNIA, COUNTY OF IMPERIAL</b> <b>Juvenile Division</b> <b>939 W. Main Street</b> <b>El Centro, CA 92243</b>	
Name of Dependant Child: _____	
<b>DECLARATION RE: NOTICE OF EX PARTE APPLICATION</b>	CASE NUMBER: _____

I, the undersigned, declare:

1. I am  counsel  social worker  mother  father  minor  
 Department of Family and Children's Services or  other (explain)  
 \_\_\_\_\_ in this dependency action.

2. Pursuant to Juvenile Court Local Rules, I have given notice of, and a copy of this application for ex parte orders to, the following persons: \_\_\_\_\_

Notice to the above named persons was given in the following manner:

telephone at \_\_\_\_\_  a.m.  p.m.  
 letter  mailed  e-mailed  hand delivered to (insert name and address/e-mail):

\_\_\_\_\_, on \_\_\_\_\_,

3. I have received the following response: \_\_\_\_\_

4. I have not given notice of this application for ex parte orders for the following reason(s):

- a. Would frustrate the purpose of the orders requested.
- b. Minor child would suffer immediate and irreparable harm before the orders could issue.
- c. No significant burden or inconvenience to responding party will result from the orders requested.
- d. I made reasonable, good faith efforts to give notice, as follows:  
 \_\_\_\_\_  
 \_\_\_\_\_

e. Other: \_\_\_\_\_

I declare under penalty of perjury under the laws of the State of California the foregoing is true and correct. Executed at \_\_\_\_\_, California, on \_\_\_\_\_  
 (DATE)

\_\_\_\_\_  
 Declarant