

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
SUPERIOR COURT OF CALIFORNIA, COUNTY OF IMPERIAL Juvenile Division 324 Applestill Rd. El Centro, CA 92243	
Name of Dependant Child: _____	
CERTIFICATION OF COMPETENCY	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 hand delivered to (insert name and address):

_____, 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