

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 STREET ADDRESS: MAILING ADDRESS: CITY AND ZIP CODE: BRANCH NAME:	
PETITIONER: RESPONDENT:	
DECLARATION RE: EX PARTE NOTICE	CASE NUMBER: _____

OPPOSING PARTY OR ATTORNEY:

The opposing party (or attorney if represented):

- a. Name: _____
- b. Address and Phone Number: _____

DECLARATION REGARDING NOTICE

1. The undersigned ___ **has** ___ **has not** made any prior applications on the same issue in this case or another case.
2. If there has been another case, fill in the County in which the case is pending _____ and the Case number _____.
3. This order ___ **will** ___ **will not** result in a change of the status quo.
4. I have given notice of the ex parte application to the other party/attorney by the following method at least by 10:00 a.m. the previous day set for the hearing:

By _____ Personal Delivery _____ Fax with confirmation of receipt
 _____ First Class Mail _____ Telephone
 _____ Other (explain): _____

Date and time I gave notice _____
(Date) (Time)

5. The other party or their attorney _____ has _____ has not confirmed receipt of the motion in the following manner: _____.

PETITIONER:	CASE NUMBER:
RESPONDENT:	

6. _____ I gave notice that I would present this application for these orders at _____AM/PM on _____ in Department _____ of the SUPERIOR COURT.
7. _____ I anticipate the other party will oppose this application. _____ I do not _____ anticipate the other party will oppose this application.
8. If this is not an application under the Domestic Violence Protection Act, **I have not given notice** to the other party or attorney for the following reasons (See Local Rule 5.1(e)):

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

Dated: _____

Signature of Declarant