

ATTORNEY OR PARTY WITHOUT ATTORNEY ( <i>Name, State Bar number, and address</i> ):  TELEPHONE NO.: _____ FAX NO. ( <i>Optional</i> ): _____ E-MAIL ADDRESS ( <i>Optional</i> ): _____ ATTORNEY FOR ( <i>Name</i> ): _____	FOR COURT USE ONLY           CASE NUMBER: _____
<b>SUPERIOR COURT OF CALIFORNIA, COUNTY OF</b>  STREET ADDRESS:  MAILING ADDRESS:  CITY AND ZIP CODE:  BRANCH NAME:	
PETITIONER:  RESPONDENT:	
<b>Application in Support of Ex Parte Request</b>	

**RELIEF REQUESTED:**

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

**REASONS FOR EX PARTE RELIEF**

(You must specify why this request cannot be heard on the court's regular motion calendar. Only include factual information within your personal knowledge, and not conclusions, feelings or fears. **IF CUSTODY OR VISITATION IS AT ISSUE, YOU MUST CLEARLY SHOW WHY THERE IS A RISK OF IMMEDIATE HARM TO YOUR CHILD OR CHILDREN, OR WHY THERE IS AN IMMEDIATE RISK THAT YOUR CHILD WILL BE REMOVED FROM CALIFORNIA.**)

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I declare under penalty of perjury, under the laws of the State of California, that the foregoing is true and correct, and that this declaration was signed at \_\_\_\_\_, California.

Date: \_\_\_\_\_ Time: \_\_\_\_\_

Signature: \_\_\_\_\_

Print Name: \_\_\_\_\_

Please submit your **proposed order** as an attachment to this declaration in clear written or typewritten form.

**INTERPRETER'S DECLARATION**

I certify under penalty of perjury under the laws of the State of California that I have, to the best of my ability, read or translated for the declarant above this Declaration for Ex Parte Hearing. The declarant above has expressly indicated that he or she understood this document before signing it.

Date: \_\_\_\_\_ Signature: \_\_\_\_\_ Print Name: \_\_\_\_\_

Form Approved for Optional Use