ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, State Bar number, and address):	To keep other people from seeing what you entered on your form, please press the Clear This Form button at the end of the form when finished.
TELEPHONE NO.: FAX NO.(Optional):	
ATTORNEY FOR (Name):	
SUPERIOR COURT OF CALIFORNIA, COUNTY OF SAN DIEGO ☐ CENTRAL DIVISION, COUNTY COURTHOUSE, 220 W. BROADWAY, SAN DIEGO, CA 92101 ☐ CENTRAL DIVISION, HALL OF JUSTICE, 330 W. BROADWAY, SAN DIEGO, CA 92101 ☐ CENTRAL DIVISION, FAMILY COURT, 1555 6TH AVE., SAN DIEGO, CA 92101 ☐ CENTRAL DIVISION, MADGE BRADLEY, 1409 4TH AVE., SAN DIEGO, CA 92101 ☐ CENTRAL DIVISION, KEARNY MESA, 8950 CLAIREMONT MESA BLVD., SAN DIEGO, CA 92123 ☐ CENTRAL DIVISION, JUVENILE COURT, 2851 MEADOW LARK DR., SAN DIEGO, CA 92123 ☐ CENTRAL DIVISION, JUV. MINOR OFFENSE, 2901 MEADOW LARK DR., SAN DIEGO, CA 92123 ☐ EAST COUNTY DIVISION, 250 E. MAIN ST., EL CAJON, CA 92020 ☐ EAST COUNTY DIVISION, RAMONA, 1428 MONTECITO RD., RAMONA, CA 92065 ☐ NORTH COUNTY DIVISION, 325 S. MELROSE DR., VISTA, CA 92081 ☐ SOUTH COUNTY DIVISION, 500 3RD AVE., CHULA VISTA, CA 91910	
PLAINTIFF(S)/PETITIONER(S)	
DEFENDANT(S)/ RESPONDENT(S)	JUDGE/DEPT
EX PARTE APPLICATION AND ORDER	CASE NUMBER

Hearing Date: _____ Time: _____ ☐ a.m. ☐ p.m. ☐ Opposed ☐ Unopposed

1. Type of relief requested: _____

2. Reason(s) ex parte relief is necessary: _____

3. Name of opposing parties (or attorneys): _____

4. Was notice of the ex parte application given to the opposing parties? ☐ Yes ☐ No

5. ☐ **NOTICE GIVEN:** The opposing parties were notified of the relief request and that the ex parte application would be heard by the court on *(date)* _____, at *(time)* _____ ☐ a.m. ☐ p.m., as indicated below:

   a. Notice was given to the ☐ attorney for the ☐ plaintiff/petitioner ☐ defendant/respondent.

   b. Notification occurred on *(date)*: _____, at *(time)* _____ ☐ a.m. ☐ p.m.

   c. Manner of notification:

      ☐ By telephone. Name of the person you spoke to: _____

      ☐ By letter ☐ mailed ☐ personally delivered on *(date)* _____, at *(time)* _____ ☐ a.m. ☐ p.m.

      ☐ By fax *(specify fax number)* _____, which I know to be the fax number of the person served.

      ☐ Other manner of notification *(specify)*: _____

   d. Response to notice: _____

SHORT TITLE	CASE NUMBER

☐ **NOTICE NOT GIVEN:** Notice of the application was not given for the reason(s) indicated below:

☐ Notice of the ex parte application would frustrate the purpose of the order sought for the following reason(s): _____

☐ Applicant would suffer immediate and irreparable harm before the matter can be heard on notice. *(explain in detail the nature of the immediate and irreparable harm):* _____

☐ A reasonable and good faith effort to notify the opposing party was made but notification was unsuccessful. *(describe in detail attempts made):* _____

6. Have you appeared ex parte before for the same relief? ☐ Yes ☐ No. If yes, relief was ☐ granted ☐ denied

7. If required, have Points & Authorities been submitted? *(Cal. Rules of Court, rule 3.1202)* ☐ Yes ☐ No

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

Date: _____ _____
Signature

ORDER

IT IS SO ORDERED.

☐ The requested relief is ☐ DENIED ☐ GRANTED as follows: _____

☐ Hearing is continued to _____ at _____ ☐ a.m. ☐ p.m. in dept. _____.

Date: _____ _____
Judge/Commissioner of the Superior Court

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