

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, State Bar number, and address): TELEPHONE NO.: _____ FAX NO. (Optional): _____ ATTORNEY FOR (Name): _____	FOR COURT USE ONLY
SUPERIOR COURT OF CALIFORNIA, COUNTY OF SAN DIEGO <input type="checkbox"/> CENTRAL DIVISION, CENTRAL COURTHOUSE, 1100 UNION ST., SAN DIEGO, CA 92101 <input type="checkbox"/> CENTRAL DIVISION, COUNTY COURTHOUSE, 220 W. BROADWAY, SAN DIEGO, CA 92101 <input type="checkbox"/> CENTRAL DIVISION, HALL OF JUSTICE, 330 W. BROADWAY, SAN DIEGO, CA 92101 <input type="checkbox"/> CENTRAL DIVISION, FAMILY COURT, 1555 6TH AVE., SAN DIEGO, CA 92101 <input type="checkbox"/> CENTRAL DIVISION, MADGE BRADLEY, 1409 4TH AVE., SAN DIEGO, CA 92101 <input type="checkbox"/> CENTRAL DIVISION, KEARNY MESA, 8950 CLAIREMONT MESA BLVD., SAN DIEGO, CA 92123 <input type="checkbox"/> CENTRAL DIVISION, JUVENILE COURT, 2851 MEADOW LARK DR., SAN DIEGO, CA 92123 <input type="checkbox"/> CENTRAL DIVISION, JUV. MINOR OFFENSE, 2901 MEADOW LARK DR., SAN DIEGO, CA 92123 <input type="checkbox"/> EAST COUNTY DIVISION, 250 E. MAIN ST., EL CAJON, CA 92020 <input type="checkbox"/> NORTH COUNTY DIVISION, 325 S. MELROSE DR., VISTA, CA 92081 <input type="checkbox"/> 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: _____ <input type="checkbox"/> a.m. <input type="checkbox"/> p.m. <input type="checkbox"/> Opposed <input type="checkbox"/> 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
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- 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