

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, State Bar number, and address): TELEPHONE NO.: _____ FAX NO. (Optional): _____ EMAIL ADDRESS (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"/> 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	
PETITIONER(S)	
RESPONDENT(S)	JUDGE/DEPT
EX PARTE APPLICATION AND ORDER – FAMILY LAW	CASE NUMBER

Hearing Date: _____ Time: _____ <input type="checkbox"/> a.m. <input type="checkbox"/> p.m. <input type="checkbox"/> Opposed <input type="checkbox"/> Unopposed <input type="checkbox"/> Reporter _____ (name) CSR # _____ <input type="checkbox"/> Not reported. <input type="checkbox"/> Petitioner present <input type="checkbox"/> Remote <input type="checkbox"/> Attorney present: _____ (name) <input type="checkbox"/> Remote <input type="checkbox"/> Respondent present <input type="checkbox"/> Remote <input type="checkbox"/> Attorney present: _____ (name) <input type="checkbox"/> Remote <input type="checkbox"/> Other party present <input type="checkbox"/> Remote <input type="checkbox"/> Attorney present: _____ (name) <input type="checkbox"/> Remote
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1. Type of relief requested:
 Temporary Restraining Orders Child Custody/Visitation Order Order Shortening Time
 Order Being Submitted for Signature Other (specify): _____
 Ex parte relief is necessary because: _____

2. Name of opposing attorney/party: _____

3. Did the opposing attorney/party receive notice? Yes No Date: _____ Time: _____ a.m. p.m.

4. If notice was not given, state reason(s): _____

5. Have evidentiary declarations been submitted? Yes No.

6. Has a proposed order been submitted? Yes No.

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

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 of Applicant

ORDER

IT IS SO ORDERED.

The requested relief is DENIED GRANTED as follows: _____

Continued on attachment _____.

Petitioner Respondent to prepare formal order.

Date: _____

Judge/Commissioner of the Superior Court