

ATTORNEY (Name, State Bar number, and address): TELEPHONE NO: (916) _____ Fax no (Optional): (916) _____ E-MAIL ADDRESS (Optional): _____ ATTORNEY FOR (Name): _____	FOR COURT USE ONLY
SUPERIOR COURT OF CALIFORNIA, COUNTY OF SACRAMENTO STREET ADDRESS: 3341 Power Inn Road MAILING ADDRESS: CITY AND ZIP CODE: SACRAMENTO, 95826 BRANCH NAME: JUVENILE COURT	
CHILD'S NAME: _____	
DECLARATION AND NOTICE UPON EX PARTE APPLICATION FOR RESTRAINING ORDER	CASE NUMBER: _____

I, _____ declare:

1. I am the attorney for Petitioner Respondent in this action.

2. Pursuant to 3.1203-3.1204 of the California Rules of Court I have informed: _____
 of this ex parte request and the nature of the relief sought by: *(select one)* Name of person you notified
 - (a) Telephone call on _____ at _____ a.m. p.m.
Date Time
 - (b) In person on _____ at _____ a.m. p.m.
Date Time
 - (c) Other *(describe)*: _____

3. I told the person named in section 2 above that I would be bringing this ex parte request to Department _____ on _____ at _____ a.m. p.m.
Date to appear Time to appear
 and that he/she will have to come to court at that time if he/she objects to this ex parte request.

4. I received the following response to the above notice *(describe and specify whether opposition is expected)*:

5. What orders are being requested *(be specific)*:

6. I have not given notice of this application for ex parte orders for the following reason(s) indicated:
 - I will suffer great or irreparable injury if notice is given *(explain in detail)*:

AND *(if you did not give notice you must check the box above and also select a, b, or c below)*

- (a) I notified the opposing party or opposing party's attorney within a reasonable time prior to the application. *(explain in detail)*

(b) I attempted in good faith to give notice but was unable to inform the opposing party. (*specify efforts*)

(c) For the following reasons, I should not be required to give notice. (*explain in detail*)

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

Date: _____

(TYPE OR PRINT NAME)

(SIGNATURE OF DECLARANT)