

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, State Bar number, and address): TELEPHONE NO.: _____ FAX NO.(Optional): _____ EMAIL ADDRESS (Optional): _____ ATTORNEY FOR (Name): _____	<i>FOR COURT USE ONLY</i>
SUPERIOR COURT OF CALIFORNIA, COUNTY OF SAN DIEGO <input type="checkbox"/> CENTRAL DIVISION, CIVIL, 330 W. BROADWAY, SAN DIEGO, CA 92101 <input type="checkbox"/> CENTRAL DIVISION, SMALL CLAIMS, 330 W. BROADWAY, SAN DIEGO, CA 92101	
PLAINTIFF(S)	
DEFENDANT(S)	JUDGE/DEPT
EX PARTE APPLICATION AND ORDER (SMALL CLAIMS)	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: _____

Ex parte relief is necessary because: _____

2. Name of opposing attorney/party: _____

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

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

4. Have supporting declarations been submitted? Yes No Attached*

***DO NOT ATTACH ORIGINAL DOCUMENTS. THEY WILL NOT BE RETURNED*.**

5. Have you made this ex parte request 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 foregoing is true and correct

Date: _____

Type or print name

Signature

ORDER

The requested relief is DENIED GRANTED as follows: _____

Requesting party to mail a copy of this Order to all other parties in the case. *Exception: If a party has not yet been served with the claim, there is no need to serve a copy on that party.*

Clerk to prepare Clerk's Certificate of Service and serve a copy of this Order.

IT IS SO ORDERED.

Date: _____

Judge/Commissioner of the Superior Court