

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, 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"/> 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

1. Type of relief requested:
- | | |
|---|--|
| <input type="checkbox"/> Temporary Restraining Orders | <input type="checkbox"/> Child Custody/Visitation Order |
| <input type="checkbox"/> Order Shortening Time | <input type="checkbox"/> Order After Hearing Being Submitted for Signature |
| <input type="checkbox"/> 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

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