

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, State Bar number, and address):		FOR COURT USE ONLY	
TELEPHONE NO: E-MAIL ADDRESS (optional): ATTORNEY FOR (Name):			
SUPERIOR COURT OF CALIFORNIA, COUNTY OF MADERA 200 South G Street Madera, California 93637 Civil Division			
PLAINTIFF/PETITIONER:		CASE NUMBER:	
DEFENDANT/RESPONDENT:		HEARING DATE:	HEARING TIME:
GUARDIANSHIP OF (Name):		DEPARTMENT:	
EX-PARTE DECLARATION			

I am, (*specify*): attorney for plaintiff/petitioner defendant/respondent

not a party in the case (name): _____.

1. I did did not give notice. (*if you gave notice, complete number 2 and 3 if no notice is given complete number 4a, 4b, or 4c*)

2. PURSUANT TO RULE 2.4.6 OF THE LOCAL RULE OF COURT I HAVE INFORMED (name) _____,

OF THIS EX-PARTE APPLICATION REQUESTED BY (name) _____. **[Complete A, B OR C below]**

A. TELEPHONE ON (Date): _____ at (Time): _____ A.M./P.M.

B. IN PERSON ON (Date): _____ at (Time): _____ A.M./P.M.

C. OTHER _____

3. I TOLD (name): _____ THAT (name): _____ WOULD BE BRINGING AN EX-PARTE REQUEST ON _____ AT 8:15 A.M. IN DEPARTMENT _____ OF THE MADERA SUPERIOR COURT. THAT HE/SHE WILL HAVE TO COME TO COURT AT THAT TIME IF HE/SHE OBJECTS TO THIS EX PARTE REQUEST.

4. I HAVE NOT GIVEN NOTICE OF THIS APPLICATION FOR EX PARTE ORDER FOR THE FOLLOWING REASON (S):

a. GIVING NOTICE WOULD FRUSTRATE THE PURPOSE OF THE ORDER (*explain in detail as to why notice is not given*):

b. I WILL SUFFER IMMEDIATE AND IRREPARABLE INJURY IF NOTICE IS GIVEN (*explain in detail as to why you fear giving notice*):

c. OTHER (*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)