

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, State Bar number, and address):       <div style="display: flex; justify-content: space-between;"> <div>TELEPHONE NO.:</div> <div>FAX NO. (Optional):</div> </div> EMAIL ADDRESS (Optional): ATTORNEY FOR (Name):	<b>FOR COURT USE ONLY</b>
<b>SUPERIOR COURT OF CALIFORNIA, COUNTY OF SAN DIEGO</b> <input type="checkbox"/> CENTRAL DIVISION, CENTRAL COURTHOUSE, 1100 UNION ST., SAN DIEGO, CA 92101 <input type="checkbox"/> CENTRAL DIVISION, HALL OF JUSTICE, 330 W. BROADWAY, SAN DIEGO, CA 92101 <input type="checkbox"/> CENTRAL DIVISION, KEARNY MESA, 8950 CLAIREMONT MESA BLVD., SAN DIEGO, CA 92123 <input type="checkbox"/> CENTRAL DIVISION, JUVENILE COURT, 2851 MEADOW LARK DR., SAN DIEGO, CA 92123 <input type="checkbox"/> CENTRAL DIVISION, JUV. MINOR OFFENSE, 2901 MEADOW LARK DR., SAN DIEGO, CA 92123 <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	
PLAINTIFF(S)/PETITIONER(S)	
DEFENDANT(S)/ RESPONDENT(S)	JUDGE/DEPT
<b>EX PARTE APPLICATION AND ORDER</b>	CASE NUMBER

Hearing Date: _____ Time: _____ <input type="checkbox"/> a.m. <input type="checkbox"/> p.m. <span style="margin-left: 20px;"><input type="checkbox"/> Opposed <input type="checkbox"/> Unopposed</span>
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1. Type of relief requested: \_\_\_\_\_  
\_\_\_\_\_
  
2. Reason(s) ex parte relief is necessary: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
  
3. Name of opposing parties (or attorneys): \_\_\_\_\_
  
4. Was notice of the ex parte application given to the opposing parties? ☐ Yes ☐ No
  
5. ☐ **NOTICE GIVEN:** The opposing parties were notified of the relief request and that the ex parte application would be heard by the court on *(date)* \_\_\_\_\_, at *(time)* \_\_\_\_\_ ☐ a.m. ☐ p.m., as indicated below:
  - a. Notice was given to the ☐ attorney for the ☐ plaintiff/petitioner ☐ defendant/respondent.
  - b. Notification occurred on *(date)*: \_\_\_\_\_, at *(time)* \_\_\_\_\_ ☐ a.m. ☐ p.m.
  - c. Manner of notification:
 

☐ By telephone. Name of the person you spoke to: \_\_\_\_\_  
☐ By letter ☐ mailed ☐ personally delivered on *(date)* \_\_\_\_\_, at *(time)* \_\_\_\_\_ ☐ a.m. ☐ p.m.  
☐ By fax (*specify fax number*) \_\_\_\_\_, which I know to be the fax number of the person served.  
☐ Other manner of notification (*specify*): \_\_\_\_\_
  - d. Response to notice: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

SHORT TITLE	CASE NUMBER
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- ☐ **NOTICE NOT GIVEN:** Notice of the application was not given for the reason(s) indicated below:
- ☐ Notice of the ex parte application would frustrate the purpose of the order sought for the following reason(s):
- \_\_\_\_\_
- \_\_\_\_\_
- ☐ Applicant would suffer immediate and irreparable harm before the matter can be heard on notice. (*explain in detail the nature of the immediate and irreparable harm*): \_\_\_\_\_
- \_\_\_\_\_
- ☐ A reasonable and good faith effort to notify the opposing party was made but notification was unsuccessful. (*describe in detail attempts made*): \_\_\_\_\_
- \_\_\_\_\_

6. Have you appeared ex parte before for the same relief? ☐ Yes ☐ No. If yes, relief was ☐ granted ☐ denied
7. If required, have Points & Authorities been submitted? (*Cal. Rules of Court, rule 3.1202*) ☐ Yes ☐ No

**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: \_\_\_\_\_

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☐ Hearing is continued to \_\_\_\_\_ at \_\_\_\_\_ ☐ a.m. ☐ p.m. in dept. \_\_\_\_\_.

Date: \_\_\_\_\_

\_\_\_\_\_  
Judge/Commissioner of the Superior Court