

ATTORNEY OR PARTY WITHOUT ATTORNEY (<i>NAME AND ADDRESS</i>): TELEPHONE NO.: ATTORNEY FOR (<i>NAME</i>):	<i>For Court Use Only</i>
SUPERIOR COURT OF CALIFORNIA, COUNTY OF SANTA CRUZ <input type="checkbox"/> Santa Cruz <input type="checkbox"/> Watsonville Branch 701 Ocean Street, Room 110 1 Second Street, Room 300 Santa Cruz, CA 95060 Watsonville, CA 95076	
Plaintiff/Petitioner: Defendant/Respondent:	
DECLARATION RE: NOTICE FOR EX PARTE APPLICATION FOR ORDERS	CASE NO.:

I, (*name*): _____ declare as follows:

1. I am the attorney for Plaintiff/Petitioner Defendant/Respondent Other (*explain*): _____
 _____ in the within action.

2. Pursuant to California Rules of Court, Rule 3.1200 – 3.1207, I have given advance notice no later than 10:00 a.m. the court day before the ex parte appearance to all relevant or opposing parties in this action in the following manner:
 - a. Person(s) to whom notice was given (*name*): _____
 - b. By telephone call/fax on (*date*): _____, at (*time*) _____
 - c. By letter mailed personally delivered on (*date*): _____
 - d. Other (describe) _____
 - e. I received the following response ((*describe*): _____

3. Notice cannot or should not be given for the following reasons (*if you check any box in parts 3a-3e, you must explain in detail under part 3e*):
 - a. Notice of this ex parte application would frustrate the purposes of the orders sought herein (explain below).
 - b. The applicant would suffer immediate and irreparable harm before the adverse party could be heard in opposition (explain below).
 - c. No significant direct burden or inconvenience to the adverse party will likely result from the orders sought herein (explain below).
 - d. I made the following reasonable and good faith efforts, detailed below, to notify the adverse party and further efforts to give notice would probably be futile or unduly burdensome (explain below).

 - e. Other (*explain or describe in detail*): _____

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

Date: _____

(SIGNATURE OF DECLARANT)

(TYPE OR PRINT NAME)

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