

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, State Bar number, and address): TELEPHONE NO.: _____ FAX NO. (Optional): _____ E-MAIL ADDRESS (Optional): _____ ATTORNEY FOR (Name): _____	FOR COURT USE ONLY
SUPERIOR COURT OF CALIFORNIA, COUNTY OF NAPA STREET ADDRESS: 825 Brown Street MAILING ADDRESS: 825 Brown Street CITY AND ZIP CODE: Napa, CA 94559	
PLAINTIFF/PETITIONER: DEFENDANT/RESPONDENT:	
DECLARATION RE: NOTICE FOR EX PARTE HEARING	CASE NUMBER: _____

Hearing Date: _____. Notice of an ex parte application must be given by 10:00 a.m. on the preceding court day unless there are exceptional circumstances.

1. Choose the box that applies and use the space provided for your explanation:

I did not give notice of this application to the opposing party because of the following exceptional circumstances:

I did not give notice of this application to the opposing party, but made best efforts by (*enter HOW, WHEN, and WHERE each attempt was made*):

I gave notice of this application to the opposing party on _____ at _____ am/pm by (i.e. phone, text, email):

2. If you gave notice, is opposition expected? Yes No Unknown

If you communicated with the opposing party, what was their response? _____

3. If there are other related cases, list the case numbers (*if you do not have the case numbers, list the parties' names and approximate filing dates*):

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

Date: _____

Declarant's Signature