

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, State Bar number, and address):  TELEPHONE NO.: _____ FAX NO. (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, 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 _____
<b>EX PARTE APPLICATION AND ORDER – FAMILY LAW</b>	CASE NUMBER _____

Hearing Date: _____ Time: _____ <input type="checkbox"/> a.m. <input type="checkbox"/> p.m. <input type="checkbox"/> Opposed <input type="checkbox"/> Unopposed
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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 \_\_\_\_\_