

ATTORNEY OR PARTY WITHOUT ATTORNEY ( <i>Name, State Bar number, and address</i> )  TELEPHONE NO.: _____ FAX NO. ( <i>Optional</i> ): _____ E-MAIL ADDRESS ( <i>Optional</i> ): _____ ATTORNEY FOR ( <i>Name</i> ): _____	<b>FOR COURT USE ONLY</b>
<b>SUPERIOR COURT OF CALIFORNIA, ALAMEDA COUNTY</b>  STREET ADDRESS: _____ MAILING ADDRESS: _____ CITY AND ZIP CODE: _____ BRANCH NAME: _____	
PETITIONER: _____ RESPONDENT: _____ OTHER: _____	
<b>DECLARATION REGARDING NOTICE FOR EX PARTE APPLICATION FOR ORDER</b>	CASE NUMBER: _____

1. I am the ☐ attorney for the ☐ petitioner ☐ respondent ☐ claimant ☐ other joined party in this case.
  
2. Describe the nature of the ex parte order you are requesting:
  
3. Was notice of the ex parte application given to the opposing parties? ☐ YES ☐ NO.
  
4. ☐ **(NOTICE GIVEN)** The opposing parties were notified of the relief sought and that the ex parte application would be submitted to the court on (*date*) \_\_\_\_\_, at (*time*) \_\_\_\_\_, as indicated below.
  - a. Notice was given to the ☐ attorney for the ☐ petitioner ☐ respondent ☐ claimant ☐ other joined party.
  - b. Date and time of notification: \_\_\_\_\_.
  - c. Manner of notification:
    - ☐ (1) By telephone. Name of person you spoke to: \_\_\_\_\_.
    - ☐ (2) By letter ☐ mailed ☐ personally delivered on (*date*) \_\_\_\_\_, at (*time*) \_\_\_\_\_.  
(*Attach proof of service*)
    - ☐ (3) By fax (*specify fax number*) \_\_\_\_\_, which I know to be the fax number of the person served because (*specify*): ☐ fax number shown on papers filed and served by the person. ☐ Other (*specify*): \_\_\_\_\_.
    - ☐ (4) Other manner of notification (*specify*): \_\_\_\_\_.
  - d. Did you receive a response to the notice? ☐ YES ☐ NO. If yes, describe the response received:
  - e. Do you expect opposition to the application to be filed? ☐ YES ☐ NO.
  
5. ☐ **(NOTICE NOT GIVEN)** Notice of the application was not given, for the reason(s) indicated below:
  - a. ☐ Notice of the ex parte application would frustrate the purpose of the order sought, for the reason(s) described on the next page.
  - b. ☐ The applicant would suffer immediate and irreparable harm before the opposing party could be heard in opposition (*explain the nature of the immediate and irreparable harm below*): \_\_\_\_\_.

PETITIONER:	CASE NUMBER:
RESPONDENT:	

- c. ☐ No significant direct burden or inconvenience to the opposing party will be likely to result from the order sought (*explain below*):
- d. ☐ I made reasonable and good faith efforts to notify the opposing party and further efforts to give notice would probably be futile or burdensome (*explain below*):
- e. ☐ Other (*specify*):

6. Explanation for answers in paragraph 5, if applicable:

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 DECLARANT'S NAME:	DECLARANT'S SIGNATURE: