ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, State Bar number, and address):	FOR COURT USE ONLY
TELEPHONE NO.: FAX NO. (Optional): E-MAIL ADDRESS (Optional):	
ATTORNEY FOR (Name): SUPERIOR COURT OF CALIFORNIA, COUNTY OF IMPERIAL 939 W. Main Street El Centro, CA 92243	
PETITIONER:	
RESPONDENT:	
DECLARATION REGARDING EX PARTE NOTICE	CASE NUMBER:
Other party (or attorney if represented):	
a. Name:	
b. Address:	
c. Phone Number:	
DECLARATION REGARDING NOT	ICE
1. The undersigned has has not made any prior application or another case.	ns on the same issue in this case
2. If there has been another case, fill in the County in which the County: Case number:	
3. This order will will not result in a change of the status q	ιuo.
4. I have given notice to the other party/attorney that on	at in
Department, I would make an ex parte application. Notice method before 10:00 a.m. on the Court day before the hearing	ce was given by the following
Personal Delivery* Fax with confirmation	on of receipt*
☐ First Class Mail* ☐ Telephone	
Other (explain):	
Date and time I gave notice(Date)	
(Date) *Attach copy of document delivered	

	DETITIONED	CAGENHADED	
	PETITIONER:	CASE NUMBER:	
	RESPONDENT:		
5.	he other party or their attorney has or has not confirmed receipt of the motion (state etails)		
6	at am/pm in Department Street, El Centro, CA.		
7	. I anticipate the other party will oppose this application opposing party will oppose this application.	on. I do not anticipate the	
8	. The Domestic Violence Protection Act. I have not given for the following reasons:	n notice to the other party or attorney	
	There is a risk of immediate harm to a child or a risk that a child will be removed from California. Explain:		
	Other-Local Rule 5.1.1(e) Explain:		
	I declare under penalty of perjury under the laws of the is true and correct.	State of California that the foregoing	
	Dated: Signa	ature of Declarant	