ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, State Bar number, and address):		FOR COL	FOR COURT USE ONLY	
TELEPHONE NO: E-MAIL ADDRESS (optional): ATTORNEY FOR (Name):				
SUPERIOR COURT OF CALIFO 200 South Madera, Calif Civil Divi	G Street ornia 93637			
PLAINTIFF/PETITIONER:		CASE NUMBER:	CASE NUMBER:	
DEFENDANT/RESPONDENT:		HEARING DATE:	HEARING TIME:	
GUARDIANSHIP OF (Name):		DEPARTMENT:	DEPARTMENT:	
EX-PARTE DE	CLARATION			
I am, <i>(specify):</i> ☐ attorney for ☐ plaintiff/pet ☐ not a party in the case (name):		,		
1. I ☐ did ☐did not give notice. ( <i>If you gave n</i>	otice, complete number 2, 3, and 4. If r	no notice is given, complete nur	mber 5a, 5b, or 5c.)	
2. Pursuant to rule 2.4.6 of the local rule of cou	rt, I have informed (name)	, of this	ex-parte	
application requested by (name)	.[Complete	A, B OR C below]		
A. Telephone on (Date):	at (Time):		A.M./P.M.	
B. In person on (Date):	at (Time):		A.M./P.M.	
C. Other				
3. I told (name): request on at 8:15 A.M. in comparison to court at that time if he/she objects to this ex-	that (name): department of the Madera separte request.	would be bring would be bring Superior Court. That he/she	nging an ex-parte will have to come	
4. I have provided a copy of the documents to (method):	the other side on (date) pursuant to California Rule	at (time): es of Court 3.1206.	A.M./P.M. by	
I have not given notice of this application fo     a. Giving notice would frustrate the purpose				
b. I will suffer immediate and irreparable inju	ry if notice is given (explain in detail as	to why you fear giving notice):		
c. Other (explain in detail):				
I declare under penalty of perjury under the la	aws of the State of California that t	he foregoing is true and corr	ect.	
Date: (Typ	e or Print Name)	(Signature of Decl	(Signature of Declarant)	