

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
NEVADA COUNTY SUPERIOR COURT STREET ADDRESS 201 Church Street, Suite 5 MAILING ADDRESS 201 Church Street, Suite 5 CITY & ZIP CODE Nevada City, CA 95959	
Petitioner/Plaintiff: Respondent/Defendant:	
DECLARATION RE: NOTICE UPON EX PARTE APPLICATION FOR ORDERS	CASE NUMBER: _____

I, the undersigned declare:

1. I am counsel for petitioner respondent other (explain)

2. Pursuant to California Rules of Court I have given notice of this application for ex parte orders to

who is the _____ in this action,

in the following manner:

a. By telephone at _____ am _____ pm on _____
 b. By letter mailed hand-delivered at _____

I notified the party of the following orders I am requesting: _____ (CITY) _____ (STATE)

To be heard on (date)

3. I have received the following response:

4. I have not given notice of the present application for ex parte orders for the following reason(s):

5. I made reasonable, good faith efforts to give notice, as follows:

I declare under penalty of perjury under the laws of the State of California the foregoing is true and correct,
 at _____, California on _____, at _____ am _____ pm.
 (check one)