

PARTY WITHOUT ATTORNEY OR ATTORNEY NAME: FIRM NAME: STREET ADDRESS: CITY: STATE: ZIP CODE: TELEPHONE NO.: FAX NO.: E-MAIL ADDRESS: ATTORNEY FOR (name):	FOR COURT USE ONLY
SUPERIOR COURT OF CALIFORNIA, COUNTY OF STREET ADDRESS: MAILING ADDRESS: CITY AND ZIP CODE: BRANCH NAME:	
PETITIONER: RESPONDENT: OTHER PARENT/PARTY:	
DECLARATION REGARDING NOTICE AND SERVICE OF REQUEST FOR TEMPORARY EMERGENCY (EX PARTE) ORDERS	CASE NUMBER:

NOTICE: Do not use this form to ask for a domestic violence restraining order. File this completed form with the court clerk at the same time that the request for temporary emergency orders is filed in a family law case. Local court procedures for a hearing on the request for temporary emergency orders may vary. Check your court's local rules for the procedures at courts.ca.gov/3027.htm.

1. I am (specify): attorney for petitioner respondent other parent/party in the case.
 not a party in the case (specify):
2. **NOTICE** (Complete either a, b, or c)
 - a. **Before the request for temporary emergency orders was filed, I gave notice as described in items (1) through (5):**
 - (1) I gave notice to (specify): Petitioner Petitioner's Attorney Respondent
 Respondent's Attorney Other Parent/Party Other Parent's/Party's Attorney
 Child's Attorney Other (specify):
 - (2) I notified the person in 2a(1) that on (date): _____ at (time): a.m. p.m.
 at this location (specify):
 There will be an emergency court hearing. Papers will be filed to ask for temporary emergency orders.
 - (3) I gave notice by this method:

<input type="checkbox"/> personally on (date): _____ at (location): _____, California; at	<input type="checkbox"/> a.m. <input type="checkbox"/> p.m.
<input type="checkbox"/> telephone on (date): _____ telephone no.: _____ at	<input type="checkbox"/> a.m. <input type="checkbox"/> p.m.
<input type="checkbox"/> voicemail on (date): _____ voicemail no.: _____ at	<input type="checkbox"/> a.m. <input type="checkbox"/> p.m.
<input type="checkbox"/> fax machine on (date): _____ fax no.: _____ at	<input type="checkbox"/> a.m. <input type="checkbox"/> p.m.
 - (4) The time I gave notice (specify):

<input type="checkbox"/> By 10 a.m. the court day before this emergency hearing.
<input type="checkbox"/> After 10 a.m. the court day before this emergency hearing because of the following exceptional circumstances (specify): _____
 - (5) I notified the person in 2a(1) that the following temporary emergency orders are being requested (specify):
 - (6) The person in 2a(1) responded as follows: [Attachment 2a\(6\)](#)
 - (7) I do do not believe that the person in 2a(1) will oppose the request for temporary emergency orders.

PETITIONER: RESPONDENT: OTHER PARENT/PARTY:	CASE NUMBER:
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2. **NOTICE** (continued)

- b. **I did not give notice** about the request for temporary emergency orders. I request that the court waive notice to the other party due to the following exceptional circumstances (*check all that apply*):
- (1) To help prevent an immediate danger or irreparable harm to myself (or my client) or to the children in the case.
 - (2) There is an immediate risk that the children in the case will be removed from the state of California.
 - (3) To help prevent immediate loss or damage to property subject to disposition in the case.
 - (4) Other exceptional circumstances (*specify*):

(5) Facts in support of the request to waive notice (*specify*): [Attachment 2b\(5\)](#)

- c. **I did not give notice** about the request for temporary emergency orders. I used my best efforts to tell the opposing party when and where this hearing would take place but was unable to do so. The efforts I made to inform the other person were (*specify below*): [Attachment 2c](#)

3. **SERVICE**

- a. An unfiled copy of *Request for Order* (form FL-300) for temporary emergency orders, *Temporary Emergency (Ex Parte) Orders* (form FL-305), and related documents were served on:
- Petitioner Petitioner's Attorney Other Parent/Party Other Parent/Party's Attorney
 Respondent Respondent's Attorney Child's Attorney
 Other (*specify*):
- b. Method of service:
- personal service on (*date*): _____ at (*location*): _____, California; at a.m. / p.m.
 fax machine on (*date*): _____ fax no.: _____ at a.m. / p.m.
 Overnight mail or other overnight carrier
- c. **Documents were not served on the opposing party** due to the following exceptional circumstances (*specify facts in support of the request to waive service of the documents*). [Attachment 3c](#)

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 NAME) ▶ _____
 (SIGNATURE)

