

ATTORNEY OR PARTY WITHOUT ATTORNEY <i>(Name and Address)</i> : _____ TELEPHONE NUMBER: _____ ATTORNEY FOR: <i>(name)</i> : _____	FOR COURT USE ONLY
SUPERIOR COURT OF CALIFORNIA, COUNTY OF SANTA CLARA STREET ADDRESS: MAILING ADDRESS: 191 North First Street CITY AND ZIP CODE: San José, CA 95113 BRANCH:	
Name of Child: _____	
DECLARATION RE NOTICE OF EX PARTE APPLICATION (JUVENILE)	CASE NUMBER: DEPT. NUMBER:

I, the undersigned, declare:

1. I am counsel social worker mother father minor Department of Family and Children's Services probation officer or other *(explain)* _____ in this juvenile matter.
2. Pursuant to Juvenile Court Rules I have given notice of, and a copy of this application for ex parte orders, to the following persons: _____

Notice to the above name persons was given in the following manner:

- a. By telephone at _____ (AM PM) _____, 20____.
- b. By letter mailed or hand delivered to *(insert name and address)*: _____

3. I have received the following response: _____

4. I have not given notice of this application for ex parte orders for the following reason(s):
 - a. Would frustrate the purpose of the orders requested.
 - b. Minor child would suffer immediate and irreparable harm before the orders could issue.
 - c. No significant burden or inconvenience to the responding party will result from the orders requested.
 - d. I made reasonable, good faith efforts to give notice, as follows: _____

 - e. Other: _____

I declare under penalty of perjury the laws of the State of California the foregoing is true and correct, at _____
_____, California this ____ day of _____ 20____, at _____ (AM PM)

Signature of Declarant