

Name, Address, & Telephone #

YOUR NAME HERE  
YOUR STREET ADDRESS HERE  
YOUR CITY, STATE, and ZIP CODE HERE  
TELEPHONE # HERE

Attorney for: WRITE "IN PRO PER"

SUPERIOR COURT OF CALIFORNIA, COUNTY OF SUTTER

Petitioner:

Case No.: COURT CASE NUMBER

vs.

FILL THE PARTY NAMES OUT  
EXACTLY AS THEY APPEAR ON  
YOUR OTHER DOCUMENTS

DECLARATION RE: NOTICE OF EX  
PARTE APPLICATION FOR ORDER  
(CRC, Rule 3.1204) (FC 6300)

Respondent:

\_\_\_\_\_ /

I YOUR NAME HERE am the party/attorney for the party seeking an ex-parte/hearing or order  
without a hearing: (Insert type of order) FILL IN THE TYPE OF ORDER HERE

CHECK ONE (Use the reverse side of the form if necessary)

( ) I gave the following notice to the above-named individual that I would be asking for this ex parte order  
(state exactly what you said and when you said it):

WRITE DOWN THE EXACT DATE, TIME, HOW YOU CONTACTED THE  
OTHER PARTY, AND EXACTLY WHAT YOU SAID TO THEM.

( ) I have made a reasonable and good faith effort to notify the above-named individual of my intent to  
apply for an ex parte order, but have been unsuccessful. My attempts to notify that individual have consisted of  
the following (state exactly what attempts you made and when you made them):

SELECT ONE OF THE THREE  
OPTIONS. CHECK THE BOX THAT  
APPLIES TO YOU AND YOUR  
SITUATION AND COMPLETE THE  
INFORMATION REQUESTED.

WRITE DOWN EXACTLY HOW YOU TRIED TO NOTIFY THE OTHER PARTY.  
GIVE THE EXACT DATES, TIMES, AND HOW YOU TRIED TO REACH THEM.

( ) I have not made any attempt to notify that above-named individual of the application for an ex-parte  
order because I believe such notice would be inappropriate or impractical, or would result in irreparable injury.  
These are the detailed reasons for not giving such notice:

WRITE DOWN WHY YOU CANNOT NOTIFY THE OTHER PARTY. TELL THE COURT WHAT  
TYPE OF IRREPARABLE HARM WOULD OCCUR IF THE OTHER PARTY WAS NOTIFIED.

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Dated: DATE HERE

PRINT YOUR NAME

SIGN YOUR NAME

Print Name

Signature

THIS FORM MUST BE TYPED OR PRINTED IN BLUE OR BLACK INK

EX PARTE APPLICATION DECLARATION

Form: Ex Parte CRC 3.1204 (1/09)