

ATTORNEY OR PARTY WITHOUT ATTORNEY ( <i>Name, State Bar number, and address</i> ):  TELEPHONE NO.: _____ FAX NO. ( <i>Optional</i> ): _____ E-MAIL ADDRESS ( <i>Optional</i> ): _____ ATTORNEY FOR ( <i>Name</i> ): _____	FOR COURT USE ONLY
<b>SUPERIOR COURT OF CALIFORNIA, COUNTY OF NAPA</b> STREET ADDRESS: 825 Brown Street MAILING ADDRESS: 825 Brown Street CITY AND ZIP CODE: Napa, CA 94559	
PLAINTIFF/PETITIONER:  DEFENDANT/RESPONDENT:	
<b>DECLARATION RE: NOTICE FOR EX PARTE HEARING</b>	CASE NUMBER:  HEARING DATE:

Notice of an ex parte application must be given by 10:00 a.m. on the preceding court day unless there are exceptional circumstances.

1. Choose the box that applies and use the space provided for your explanation:

**I have not given notice** to the opposing party of this ex parte application because of the following exceptional circumstances:

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**I attempted to give notice** to the opposing party of this ex parte application by (*enter how, when, and where each attempt was made*):

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**I gave notice** to the opposing party of this ex parte application by:

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2. **If you gave notice**, is opposition expected?  Yes  No  Unknown

If you spoke with the opposing party, what was their response?

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3. **If there are other related cases**, please list the case numbers (*if you do not have the case numbers, please list the parties' names and approximate date(s) of filing*):

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I declare under penalty of perjury under the laws of the state of California that the foregoing is true and correct. Executed at \_\_\_\_\_, California

Date: \_\_\_\_\_

\_\_\_\_\_  
*Signature of Declarant*