

NAME, STATE BAR NO., ADDRESS & TELEPHONE NO. OF ATTORNEY OR UNREPRESENTED PARTY Attorney for: PLACER COUNTY SUPERIOR COURT P.O. Box 5669 2501 North Lake Blvd. Tahoe City, CA 96145	FOR COURT USE ONLY _____ CASE NO:
PETITIONER: RESPONDENT:	
Notice of Ex Parte Hearing (Family Law)	

1. I am counsel for Petitioner Respondent in this action.
2. I request that an ex parte hearing be set for the following date: _____ in Dept. 14 at _____ am/pm.
 (Date and time must be Mon-Fri. between 8:30am and 1:30pm at least 24 hours after this notice has been sent to the court and 24 hours after the other party has been notified.)
3. Pursuant to Placer County Superior Court Standing Order 09-001 (You must give 24 hour notice to the other side.),
 I am able to inform the opposing party _____ (name) of this
 ex parte request by:
 telephone call in person Other (describe) _____ *or*

I have not given notice of this application for ex parte hearing because:

Giving notice would frustrate the purpose of the order (explain in detail): _____

I will suffer immediate and irreparable injury if notice is given (explain in detail): _____

Basis for request for ex parte orders:

1. Describe the issue(s) that must be considered at the ex parte hearing.

2. Describe in detail the emergency for the court to consider.

3. Can any of the issues described above be deferred to a later hearing?

Dated: _____

 TYPE OR PRINT NAME

 SIGNATURE OF DECLARANT

Fax this form to the Court at (530) 584-3471, or bring to the Family Law filing window at the Tahoe Court.