Choose a location

ATTORNEY OR PARTY WITHOUT ATTORNEY *(NAME AND ADDRESS)*: TELEPHONE NO.:	*FOR COURT USE ONLY*
ATTORNEY FOR *(NAME)*:	
SUPERIOR COURT OF CALIFORNIA, COUNTY OF SANTA BARBARA STREET ADDRESS: MAILING ADDRESS: CITY AND ZIP CODE: BRANCH NAME:	
PLAINTIFF/PETITIONER: DEFENDANT/RESPONDENT:	
DECLARATION RE: EX PARTE NOTICE	CASE NUMBER:

I, the undersigned, declare under penalty of perjury that

1. I am: (1) ☐ counsel for: ☐ Plaintiff/Petitioner ☐ Defendant/Respondent
   (2) ☐ unrepresented Plaintiff/Petitioner ☐ unrepresented Defendant/Respondent
   (3) ☐ other (explain): _____

2. The opposing party is represented by counsel: ☐ YES ☐ NO If you checked "Yes", fill in attorney's name, address and phone:
   _____

3. The parties to this action have been involved in another Family Law, Domestic Violence, Family Support Division, Paternity, Criminal, Guardianship or Juvenile Court case. ☐ YES ☐ NO
   If there has been another case, fill in the County in which the case is pending _____ and the Case number _____

4. I have given notice of this ex parte application ☐ YES ☐ NO (If you answered "No", skip #5-#9 and complete the rest of the form.)
   Date and time I gave notice _____
   (Date) (Time)

5. ☐ The notice included the information contained in attachment 1 of this declaration.

6. ☐ I gave notice that I would present this application for these orders at _____ AM/PM on _____
   in Department _____ of the SUPERIOR COURT.

7. ☐ A copy of these pleadings were given to : _____
   by ☐ Personal delivery ☐ Overnight letter or other overnight carrier ☐ Fax transmission
   ☐ Other (explain): _____

8. I have received the following response: _____
   _____
   _____

9. ☐ I anticipate the other party will oppose this application. ☐ I do not anticipate the other party will oppose this application.

Clear Fields Print Form

Insert Case Name:	CASE NUMBER:

10. I have not given notice of the present application for ex parte orders because:

- ☐ Notice would frustrate the purpose of the orders sought.
- ☐ Applicant would suffer immediate and irreparable harm before the orders could issue.
- ☐ No significant burden or inconvenience to the responding will result.
- ☐ The orders requested are those permitted without notice by local rule.
- ☐ I made reasonable, good faith efforts to give notice, described as follows: _____

_____

- ☐ Other: _____

_____

EXPLAIN WHY YOU CHECKED ANY BOX IN ITEM 10: _____

_____

_____

11. I believe that ☐ alcohol ☐ drug abuse is a major factor in the party's abusive behavior.

12. If I am asking that anyone else be protected, their names, relationships and need for protection are set forth below:

Name	Relationship	Why protection needed	This person lives in my residence (CIRCLE YES OR NO)
a. _____			☐ YES ☐ NO
b. _____			☐ YES ☐ NO
c. _____			☐ YES ☐ NO

13. Are you in mediation? ☐ YES ☐ NO If so, have you notified the mediator of this application? ☐ YES ☐ NO

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

Signature of Declarant _____

This form may be used to satisfy the requirements of ex parte notice pursuant to Rule 1407 et. Seq., Unified Rules, Santa Barbara County Superior Court.

Clear Fields Print Form