ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, State Bar number, and address):		FOR COURT USE ONLY
TELEPHONE NO.: E-MAIL ADDRESS (Optional): ATTORNEY FOR (Name): SUPERIOR COURT OF CALIFO	FAX NO. (Optional): DRNIA, COUNTY OF IMPERIAL	
939 W. Main Street	ornia, counti of imi erial	
PETITIONER:		
RESPONDENT:		
DECLARATION REGAR	DING EX PARTE NOTICE	CASE NUMBER:
Other party (or attorney if repre	esented):	
a. Name:		
b. Address:		
c. Phone Number:		
DEC	LARATION REGARDING NO	TICE
1. The undersigned has or another case.	has not made any prior applicati	ons on the same issue in this case
	se, fill in the County in which th Case number:	
3. This order will will no	ot result in a change of the status	quo.
_	x parte application to the other parts the Court day before the hearing	
By: Personal Deliver	ry Fax with confirmat	ion of receipt
First Class Mail	Telephone	
Other (explain):		
Date and time I gave	e notice	
	(Date)	(Time)

PETITIONER: RESPONDENT:	CASE NUMBER:
5. The other party or their attorney has or details)	has not confirmed receipt of the motion (state
6. I have given notice that I would present at am/pm in Department Street, El Centro, CA.	
7. I anticipate the other party will oppose the opposing party will oppose this application.	his application. I do not anticipate the
8. The Domestic Violence Protection Act. I ha for the following reasons: This is a DVP (The Domestic Violence	ave not given notice to the other party or attorney Protection Act
Other-Local Rule 5.1.1(e) Explain:	
I declare under penalty of perjury under the is true and correct.	laws of the State of California that the foregoing
Dated:	Signature of Declarant