

ATTORNEY OR PARTY WITHOUT AN ATTORNEY <i>(Name, State Bar number and address):</i> TELEPHONE NO.: E-MAIL ADDRESS <i>(Optional)</i> : ATTORNEY FOR <i>(Name)</i> :	FOR COURT USE ONLY
<p>SUPERIOR COURT OF CALIFORNIA, COUNTY OF SACRAMENTO SITTING AS THE JUVENILE COURT</p> <p> <input type="checkbox"/> DEPENDENCY COURT: 3341 Power Inn Road William R. Ridgeway Family Relations Courthouse Sacramento, CA 95826 </p> <p> <input type="checkbox"/> JUVENILE JUSTICE COURT: 9605 Kiefer Blvd. Juvenile Courthouse Sacramento, CA 95827 </p>	
MINOR(S) NAME:	CASE NUMBER(S):
<p align="center">JUVENILE EX PARTE APPLICATION AND DECLARATION RE NOTICE (Local Rule 7.12 and 8.03)</p>	DEPARTMENT:

I, the undersigned, declare:

1. I am counsel social worker mother father minor Department of Child, Family and Adult Services probation officer or other *(identify)* _____ in this juvenile matter.

2. This ex parte application is made for an order:
 - shortening time for service and hearing.
 - authorizing out of county placement.
 - Other *(specify)*:

3. This motion is made for the reason that: *(explain why the requested order is needed; attach declaration as needed.)*

4. I have not made this request to the court in the past.
 I have made this this request to the court in the past, and the court has denied (in whole or in part) my request. Describe the prior application(s) and the court's action:

MINOR(S) NAME:	CASE NUMBER(S):
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5. Notice of Ex Parte Application

- a) Moving Party has notified the following parties regarding this motion. The date of notification and response, if known, is as follows:

	<u>DATE NOTIFIED</u>	<u>NO RESPONSE</u>	<u>AGREE</u>	<u>OBJECT</u>	<u>REQUEST HEARING</u>
Mother's Attorney: _____		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Father's Attorney: _____		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Minor's Attorney: _____		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
County Counsel: _____		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
District Attorney: _____		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other: _____		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other: _____		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

- b) Moving Party attempted in good faith to inform _____ of the time and place that the above ex parte application would be made. Efforts made to inform the party are as follows:

- c) Moving Party should not be required to give notice of this application for the following reason(s):
- a. Would frustrate the purpose of the orders requested.
 - b. Minor/child would suffer immediate and irreparable harm before the orders could issue.
 - c. No significant burden or inconvenience to the responding party will result from the orders requested.
 - d. Other:

I declare under penalty of perjury under the laws of the State of California that the information in this form is true and correct to my knowledge.

Date	Type Name	<div style="text-align: center;">▶</div> Signature of Moving Party
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