

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, State Bar Number and Address)	
TELEPHONE NO.:	FAX NO. (Optional):
E-MAIL ADDRESS (Optional):	
ATTORNEY FOR (Name):	
SUPERIOR COURT OF CALIFORNIA, COUNTY OF LOS ANGELES	
STREET ADDRESS:	
MAILING ADDRESS:	
CITY AND ZIP CODE:	
BRANCH NAME:	
PETITIONER:	
RESPONDENT:	
DECLARATION REGARDING NOTICE AND/OR REQUEST FOR WAIVER OF NOTICE OF REQUEST FOR EMERGENCY ORDERS (EX PARTE ORDERS) (FAMILY LAW – NON DOMESTIC VIOLENCE)	CASE NUMBER:
	DEPARTMENT NO.:

NOTICE: The Court cannot consider your request for emergency orders unless you have given notice as required by California Rules of Court, rules 5.151, 5.165 and 5.167. If you or a family member needs domestic violence or child abuse protection, please use the Domestic Violence Protection Act forms (DV-100, DV-109 and DV-110).

INSTRUCTIONS: You must give notice to all parties or their attorneys no later than 10:00 a.m., on the court day before the emergency hearing. After providing notice, you must serve your documents requesting emergency orders on all parties or their attorneys at the first reasonable opportunity. Your proof of service should be filed separately from this declaration. **You may ask the court to waive notice** under Rule 5.165(b)(2) or service under Rule 5.167(a) by filling out Section C of this form. If you need more space, attach form MC-025 or attach a sheet of paper and write your name and case number at the top.

A. NOTICE

- I informed the other party in this action that a request for emergency orders would be sought by speaking to: _____ on _____ at _____ a.m. p.m.
(PARTY'S NAME OR ATTORNEY OF RECORD) (DATE) (TIME)
 - I spoke to the party in person.
 - I spoke to the party by telephone at the following number: _____
 - I left a message on voicemail of the party at the following number: _____
 - I left a text message for the party at the following number: _____
 - I sent a letter in writing to the party at the following address: _____
- At the time the notice was given, I informed the other party that a request for emergency order(s) would be presented to the court on _____ at _____ a.m. p.m. at the _____ courthouse.
(DATE) (TIME) (COURTHOUSE LOCATION)

SHORT TITLE:	CASE NUMBER:
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3. I informed the other party the he/she should appear at the Family Law Court if he/she wished to be heard by the court on _____ at _____ a.m. p.m. in department _____ located at: _____.

(DATE) (TIME) (COURTHOUSE ADDRESS)

4. I told the other party I would be asking for the following specific orders:

5. I asked the other party if they intended to appear at the hearing, and the other party responded:

6. I asked the other party if they would be opposing the request, and the other party responded:

7. I asked if the other party would file a written opposition, and the other party responded:

B. SERVICE

Service of the documents requesting emergency orders has been completed. Proof of Service has been filed with the court.

Service of the documents requesting emergency orders has not been completed because:

I am requesting that service of the documents be waived by the court. (Complete Section C)

Other: _____.

C. REQUEST TO WAIVE NOTICE AND SERVICE

I ask the court to waive notice service to all parties and their attorneys of the request for emergency order because: (Choose the option(s) that are applicable)

SHORT TITLE:	CASE NUMBER:
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1. Attempted Notice

I attempted in good faith to inform the opposing party but was unable to do so because:
(Describe efforts made to give notice)

2. Waiver of Notice and/or Service:

Notice

- Giving notice would frustrate the purpose of the order.
- Giving notice would result in immediate and irreparable damage to me or the children who may be affected by the requested order.
- Giving notice would result in immediate and irreparable damage to or loss of property.
- We agreed in advance that notice was not necessary.

Service

There are extraordinary circumstances that imminent harm is likely if I serve (deliver) the documents to the other party before the hearing.

Provide the reasons why the court should waive notice service: _____

DECLARATION

I declare under penalty of perjury under the laws of the State of California that the information I have provided on this form and any attachment is true and correct.

Date: _____

(TYPE OR PRINT NAME)
(SIGNATURE)