

ATTORNEY OR PARTY WITHOUT ATTORNEY <i>(Name, State Bar Number and Address):</i> TELEPHONE NO: _____ FAX NO. <i>(Optional):</i> _____ E-MAIL ADDRESS <i>(Optional):</i> _____ ATTORNEY FOR <i>(Name):</i> _____	
SUPERIOR COURT OF CALIFORNIA, COUNTY OF SAN JOAQUIN STREET ADDRESS: 315 W. ELM STREET MAILING ADDRESS: 315 W. ELM STREET CITY AND ZIP CODE: LODI, CA 95240 BRANCH OF NAME: LODI	
In the <input type="checkbox"/> Estate <input type="checkbox"/> Trust <input type="checkbox"/> Conservatorship <input type="checkbox"/> Guardianship <input type="checkbox"/> Other of (Name): _____ <div style="text-align: right;"> <input type="checkbox"/> Decedent <input type="checkbox"/> Conservatee <input type="checkbox"/> Minor <input type="checkbox"/> Other </div>	CASE NUMBER: _____
OPPOSITION TO EX PARTE APPLICATION	

1. Opposing party name(s): _____

2. Party type: Petitioner Respondent Other: _____

2. I Oppose the ex parte application on the following grounds:

a. I contend that applicant failed to make an affirmative factual showing in a declaration containing competent testimony based on personal knowledge of irreparable harm, immediate danger, or any other statutory basis for granting relief ex parte. (Please explain why below)

Continued on Attachment 2a

b. I contend that applicant failed to properly serve the ex parte application. (Please explain below)

Continued on Attachment 2b

c. I contend that applicant failed to make a proper request for ex parte relief under California Rules of Court, Rule 3.1201. (Please explain below)

Continued on Attachment 2c

OPPOSITION TO EX PARTE APPLICATION

IN RE (Name):	CASE NUMBER:
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d. Other: I contend. (Please explain below)

Continued on Attachment 2d

WHEREFORE, Objector requests that:

The Court denies the Ex Parte Application filed;

Other: | _____

And for such other relief as the Court may deem proper.

Date: _____

Signature of Attorney/Objector

VERIFICATION

I declare that I have read the foregoing Opposition to Ex Parte Application and know the contents thereof; the same is true of my own knowledge, except as to those matters which are therein stated upon my information or belief, and as to those matters, I believe them to be true.

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date: _____

(Petitioner's Signature)

PROOF OF SERVICE OF OPPOSITION TO EX PARTE APPLICATION

1. I am over the age of 18 and not a party to this action. I am a resident or employed in the county where the mailing occurred.

2. My residence or business address is:

3. I served the foregoing Opposition to Ex Parte Application on each person named below by enclosing a copy in an envelope addressed as shown below AND

depositing the sealed envelope with the United States Postal Service on the date and at the place shown in item 4 with the postage fully prepaid.

placing the envelope for collection and mailing on the date and at the place shown in item 4 following our ordinary business practices. I am readily familiar with the business’s practice for collecting and processing correspondence for mailing. On the same day that correspondence is placed for collection and mailing, it is deposited in the ordinary course of business with the United State Postal Service in a sealed envelope with postage fully prepaid.

4. Date Mailed: Placed mailed (*city, state*):

I declare under penalty of perjury, of the laws of the State of California that the foregoing is true and correct of my own knowledge.

Date:

(TYPE OR PRINT NAME OF PERSON COMPLETING THIS FORM)

(SIGNATURE OF PERSON COMPLETING THIS FORM)

NAME AND ADDRESS OF EACH PERSON TO WHOM NOTICE WAS MAILED

Name of person served

Address (number, street, city, state and zip code)

Continued on Attachment