ATTORNEY OR PARTY WITHOUT ATTORNEY *(Name, State Bar Number and Address)*:	*FOR COURT USE ONLY*
TELEPHONE NO: FAX NO. *(Optional)*: E-MAIL ADDRESS *(Optional)*: ATTORNEY FOR *(Name)*:	

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 MATTER OF *(Name):* ☐ Decedent ☐ Conservatorship ☐ Guardianship ☐ Trust ☐ Other	CASE NUMBER:

<div align="center">

NOTICE OF EX PARTE REQUEST
(Probate & Civil Mental Health)

</div>

<div align="center">

THIS NOTICE MUST BE PROVIDED WITH ALL EX PARTE APPLICATIONS
[Except for those applications specifically listed in local rule 4-106A]

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An ex parte application is being made in the above referenced case, requesting the following relief:

_____

_____

☐ Continued on Attachment 1

The date the ruling is requested on is: DATE: _____

Ex parte applications are *non-appearance* matters and are decided on written submissions unless the court, in its discretion, sets a hearing for a later date.

NOTICE: The applicant must file and serve the ex parte application and supporting documents no later than 10:00 a.m. on the court day before the date on which the court's ruling is requested. Absent a showing of exceptional circumstances that justify a shorter time frame. Declaration Re: Notice of Ex Parte Application Local form SJPR-006 must be used and filed with the ex parte application.

OPPOSITION: Any party opposing the application must file and serve a written opposition no later than 10:00 a.m. on the date on which the court's ruling is requested (see date listed above). [An optional Opposition to Ex Parte Application Local Form SJPR/MH-010 is available to use on the Court's website.]

SEE THE COURT'S WEBSITE FOR FURTHER DETAIL OF ALL THE RULES AND REQUIREMENTS FOR AN EX PARTE APPLICATION IN PROBATE AND CIVIL MENTAL HEALTH MATTERS.

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NOTICE OF EX PARTE REQUEST

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