

Superior Court of California  
County of Riverside  
Ex-parte Form Packet

**Your Information:** I am the  Petitioner  Respondent

Name (First, Middle, Last): \_\_\_\_\_

Street Address \_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

**Petitioner's Name:**

Name (First, Middle, Last): \_\_\_\_\_

**Respondent's Name:**

Name (First, Middle, Last): \_\_\_\_\_

**Type of Order you are requesting:** Check here if changing an existing order

Child Custody  Visitation (Parenting Time)  Property Control

Other: \_\_\_\_\_

**Case Number:** \_\_\_\_\_

**List minor children of the relationship:**

Name (*First, Middle, Last*): \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Name (*First, Middle, Last*): \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Name (*First, Middle, Last*): \_\_\_\_\_

Date of Birth: \_\_\_\_\_

**Where is your case filed?**

**Filing options:**

**Today's Date:** \_\_\_\_\_

# Instructions for filing an Ex Parte Emergency Request for Order

## Forms Needed

- [Request for Order \(FL-300\)](#). You can also use the fillable [Request for Order Forms packet](#)
- Declaration. You can use [Attachment to Judicial Council Form \(MC-025\)](#)
- [Temporary Orders \(FL-305\)](#)
- [Declaration Regarding Notice of a Request for Emergency Orders \(RI-FL004\)](#)
- [Proof of Personal Service \(FL-330\)](#)
- [Blank Responsive Declaration \(FL-320\)](#)

<b>1</b>	READ FAMILY CODE 3064 AND RIVERSIDE COUNTY'S LOCAL RULE 5165	Learn how the court views emergency requests. A sanction (fine) can be issued if you fail to show that you are entitled to temporary emergency orders.
<b>2</b>	COMPLETE THE REQUEST FOR ORDER FL-300	Complete the fillable form packet. Be sure to write a clear declaration explaining the nature of your emergency. The declaration is limited to 10 pages. Attach and label your supporting documents to our request (Exhibit 1, 2, 3, etc.)
<b>3</b>	COMPLETE THE ADDITIONAL EX PARTE PACKET	Fill out the top portion of the of the Temporary Orders (FL-305) and <a href="#">Declaration Regarding Notice of a Request for Emergency Orders with your name, address, telephone number, Petitioner's name, Respondent's name and case number (if you have one)</a> .
<b>4</b>	MAKE COPIES	Make (4) identical copies of your <b>Request for Order FL-300</b> , Temporary Orders (FL-305), and any other documents attached to it and keep two copies for later use.
<b>5</b>	GIVE NOTICE TO THE OTHER PARTY  OR REQUEST WAIVER OF NOTICE	Someone will need to call the other party <b>NO LATER THAN 10:00 AM</b> the morning before the hearing date.  If you are unable to notify the other party you can ask for notice to be waived under certain circumstances only. CRC 5.165(b)(2).
<b>6</b>	DELIVER COPIES TO THE OTHER PARTY  OR REQUEST WAIVER OF SERVICE	After notice is given, someone over the age of 18, who is not you or a party to the case, must personally serve the other party with a copy of the paperwork (not the original) and a blank responsive declaration (FL- 320)  If you are unable to serve the other party, you can ask for service to be waived under certain circumstances. CRC 5.167(a).
<b>7</b>	COMPLETE DECLARATION OF NOTICE	The caller in #5 must complete the <a href="#">Declaration Regarding Notice of a Request for Emergency Orders</a> . See information on the next page on GIVING NOTICE TO THE OTHER PARTY.
<b>8</b>	COMPLETE PROOF OF SERVICE	Your server must complete the Proof of Personal Service Form <b>FL-330</b> .
<b>9</b>	FILE DOCUMENTS WITH THE COURT	File your documents <b>by 2:00 PM the court day before</b> your hearing by the following: <i>IN PERSON:</i> 1) File the original and 2 copies at the courthouse of jurisdiction. <i>ONLINE:</i> 1) Electronically sign your documents, by typing in your name at all signature lines in the document. 2) Please go to the following link for information on how to eSubmit: <a href="https://riverside.courts.ca.gov/FormsFiling/ESubmit/esubmit.php">https://riverside.courts.ca.gov/FormsFiling/ESubmit/esubmit.php</a>

**GIVING NOTICE TO THE OTHER PARTY:**

Someone will need to call the other party **NO LATER THAN 10:00 AM** the morning before the hearing date. If the other party does not answer, the caller can leave a voicemail. The caller will need to state the following:

“I am calling to give you Ex Parte notice for \_\_\_\_\_ at 8:30 a.m. in Dept. \_\_\_\_\_  
Date of hearing Department Number  
at \_\_\_\_\_ for the following orders: “ \_\_\_\_\_ .”  
Courthouse Address Orders Requested

If you do not have the other party’s phone number, you can have someone notify the other party in person.

If the caller speaks directly to the other party then the caller must ask them the three specific questions from page 2 of the [Declaration Regarding Notice of a Request for Emergency Orders \(RI-FL004\)](#) and write down exactly what the other party stated. If the caller leaves a message, that section will be left blank.

**AFTER YOU FILE:**

**IF YOUR EX PARTE IS GRANTED:** Please attend the Ex Parte hearing if you do not receive a call from the Clerk’s office.

**IF YOUR EXPARTE IS DENIED:** If your Ex Parte request was denied, you will be contacted by no later than 5:00 PM the evening before the tentative hearing is scheduled.

<b>1</b>	PICK UP YOUR COURT PAPERS	Pick up the Request for Order copies from where you filed them at the court. It will include a hearing date.
<b>2</b>	DELIVER COPIES TO THE OTHER PARTY	Have someone over the age of 18, who is not you, <b>personally</b> serve one copy of the request for order, together with the blank forms, on the other party (or attorney). Keep the second copy for your file.
<b>3</b>	COMPLETE PROOF OF SERVICE	Have your server complete the Proof of Personal Service form FL-330.
<b>4</b>	FILE DOCUMENTS WITH THE COURT	File the Original and one (1) copy of the Proof of Personal Service with the court.
<b>5</b>	GO TO COURT AT THE SCHEDULED TIME	Go to your scheduled hearing and mediation, if required.

PARTY WITHOUT ATTORNEY OR ATTORNEY   TELEPHONE NO.: E-MAIL ADDRESS: ATTORNEY FOR (name):	<b>FOR COURT USE ONLY</b>
<b>SUPERIOR COURT OF CALIFORNIA, COUNTY OF RIVERSIDE</b>	
PETITIONER: RESPONDENT: OTHER PARENT/PARTY:	
<b>REQUEST FOR ORDER</b> <input type="checkbox"/> <b>CHANGE</b> <input type="checkbox"/> <b>TEMPORARY EMERGENCY ORDERS</b> <input type="checkbox"/> Child Custody <input type="checkbox"/> Visitation (Parenting Time) <input type="checkbox"/> Spousal or Partner Support <input type="checkbox"/> Child Support <input type="checkbox"/> Domestic Violence Order <input type="checkbox"/> Attorney's Fees and Costs <input type="checkbox"/> Property Control <input type="checkbox"/> Other (specify):	CASE NUMBER:

**NOTICE OF HEARING**

1. TO (name(s)): \_\_\_\_\_  
 Petitioner     Respondent     Other Parent/Party     Other (specify):

**2. A COURT HEARING WILL BE HELD AS FOLLOWS:**

a. Date: _____ Time: _____ <input type="checkbox"/> Dept.: _____ <input type="checkbox"/> Room.: _____ b. Address of court <input type="checkbox"/> same as noted above <input type="checkbox"/> other (specify): _____
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3. **WARNING to the person served with the Request for Order:** The court may make the requested orders without you if you do not file a *Responsive Declaration to Request for Order* (form FL-320), serve a copy on the other parties at least nine court days before the hearing (unless the court has ordered a shorter period of time), and appear at the hearing. (See form *FL-320-INFO* for more information.)

(Forms [FL-300-INFO](#) and [DV-400-INFO](#) provide information about completing this form.)

**COURT ORDER**  
(FOR COURT USE ONLY)

**It is ordered that:**

4.  Time  for service  until the hearing is shortened. Service must be on or before (date):
5.  A *Responsive Declaration to Request for Order* (form FL-320) must be served on or before (date):
6.  The parties must attend an appointment for child custody mediation or child custody recommending counseling as follows (specify date, time, and location):
7.  The orders in *Temporary Emergency (Ex Parte) Orders* (form FL-305) apply to this proceeding and must be personally served with all documents filed with this *Request for Order*.
8.  Other (specify):

Date: \_\_\_\_\_

\_\_\_\_\_  
JUDICIAL OFFICER



PETITIONER: RESPONDENT: OTHER PARENT/PARTY:	CASE NUMBER:
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3.  CHILD SUPPORT

(Note: An earnings assignment may be issued. See *Income Withholding for Support* (form FL-195))

a. I request that the court order child support as follows:

Child's name and age

I request support for each child Monthly amount (\$) requested based on the child support guideline. (if not by guideline)

b.  I want to change a current court order for child support filed on (date):

[Attachment 3a.](#)

The court ordered child support as follows (specify):

c. I have completed and filed with this *Request for Order* a current *Income and Expense Declaration* (form FL-150) or I filed a current *Financial Statement (Simplified)* (form FL-155) because I meet the requirements to file form FL-155.

d. The court should make or change the support orders because (specify):

[Attachment 3d.](#)

4.  SPOUSAL OR DOMESTIC PARTNER SUPPORT

(Note: An *Earnings Assignment Order For Spousal or Partner Support* (form FL-435) may be issued.)

a.  Amount requested (monthly): \$

b.  I want the court to  change  end the current support order filed on (date):

The court ordered \$ \_\_\_\_\_ per month for support.

c.  This request is to modify (change) spousal or partner support after entry of a judgment.

I have completed and attached *Spousal or Partner Support Declaration Attachment* (form FL-157) or a declaration that addresses the same factors covered in form FL-157.

d. **I have completed and filed a current *Income and Expense Declaration* (form FL-150) in support of my request.**

e. The court should should make, change, or end the support orders because (specify):

[Attachment 4e.](#)

5.  PROPERTY CONTROL

I request temporary emergency orders

a. The  petitioner  respondent  other parent/party be given exclusive temporary use, possession, and control of the following property that we  own or are buying  lease or rent (specify):

b. The  petitioner  respondent  other parent/party be ordered to make the following payments on debts and liens coming due while the order is in effect:

Pay to: \_\_\_\_\_ For: \_\_\_\_\_ Amount: \$ \_\_\_\_\_ Due date: \_\_\_\_\_

Pay to: \_\_\_\_\_ For: \_\_\_\_\_ Amount: \$ \_\_\_\_\_ Due date: \_\_\_\_\_

Pay to: \_\_\_\_\_ For: \_\_\_\_\_ Amount: \$ \_\_\_\_\_ Due date: \_\_\_\_\_

Pay to: \_\_\_\_\_ For: \_\_\_\_\_ Amount: \$ \_\_\_\_\_ Due date: \_\_\_\_\_

c.  This is a change from the current order for property control filed on (date):

d. Specify in [Attachment 5d](#) the reasons why the court should make or change the property control orders.

PETITIONER: RESPONDENT: OTHER PARENT/PARTY:	CASE NUMBER:
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6.  **ATTORNEY'S FEES AND COSTS**  
 I request attorney's fees and costs, which total (specify amount): \$ \_\_\_\_\_ . I filed the following to support my request:
- a. A current *Income and Expense Declaration* ([form FL-150](#)).
  - b. A *Request for Attorney's Fees and Costs Attachment* ([form FL-319](#)) or a declaration that addresses the factors covered in that form.
  - c. A *Supporting Declaration for Attorney's Fees and Costs Attachment* ([form FL-158](#)) or a declaration that addresses the factors covered in that form.

7.  **DOMESTIC VIOLENCE ORDER**

- Do not use this form to ask for domestic violence restraining orders! Read [form DV-505-INFO](#), *How Do I Ask for a Temporary Restraining Order*, for forms and information you need to ask for domestic violence restraining orders.
- Read [form DV-400-INFO](#), *How to Change or End a Domestic Violence Restraining Order* for more information.

- a. The *Restraining Order After Hearing* (form DV-130) was filed on (date): \_\_\_\_\_
- b. I request that the court  change  end the personal conduct, stay-away, move-out orders, or other protective orders made in *Restraining Order After Hearing* (form DV-130). (If you want to change the orders, complete 7c.)
- c.  I request that the court make the following changes to the restraining orders (specify):  [Attachment 7c.](#)
- d. I want the court to change or end the orders because (specify):  [Attachment 7d.](#)

8.  **OTHER ORDERS REQUESTED (specify):**  [Attachment 8.](#)

9.  **TIME FOR SERVICE / TIME UNTIL HEARING** I urgently need:
- a.  To serve the *Request for Order* no less than (number): \_\_\_\_\_ court days before the hearing.
  - b.  The hearing date and service of the the *Request for Order* to be sooner.
  - c. I need the order because (specify):  [Attachment 9c.](#)

10.  **FACTS TO SUPPORT** the orders I request are listed below. The facts that I write in support and attach to this request cannot be longer than 10 pages, unless the court gives me permission.  [Attachment 10.](#)

I declare under penalty of perjury under the laws of the State of California that the information provided in this form and all attachments is true and correct.

Date: \_\_\_\_\_

\_\_\_\_\_ (TYPE OR PRINT NAME) ▶ \_\_\_\_\_ (SIGNATURE OF APPLICANT)



**Requests for Accommodations**

Assistive listening systems, computer-assisted real-time captioning, or sign language interpreter services are available if you ask at least five days before the proceeding. Contact the clerk's office or go to [www.courts.ca.gov/forms](http://www.courts.ca.gov/forms) for *Request for Accommodations by Persons With Disabilities and Response* ([form MC-410](#)). (Civ. Code, § 54.8.)

SHORT TITLE: <hr/>	CASE NUMBER:
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**ATTACHMENT** (Number): \_\_\_\_\_

*(This Attachment may be used with any Judicial Council form.)*

*(If the item that this Attachment concerns is made under penalty of perjury, all statements in this Attachment are made under penalty of perjury.)*

Page \_\_\_\_\_ of \_\_\_\_\_

*(Add pages as required)*

ATTORNEY OR PARTY WITHOUT ATTORNEY   TELEPHONE NO.: E-MAIL ADDRESS: ATTORNEY FOR (name):	<b>FOR COURT USE ONLY</b>
<b>SUPERIOR COURT OF CALIFORNIA, COUNTY OF RIVERSIDE</b>	
PETITIONER: RESPONDENT: OTHER PARENT/PARTY:	
<b>TEMPORARY EMERGENCY (EX PARTE) ORDERS</b> <input type="checkbox"/> Child Custody <input type="checkbox"/> Visitation (Parenting Time) <input type="checkbox"/> Property Control <input type="checkbox"/> Other (specify):	CASE NUMBER:

1. **TO (name(s)):** \_\_\_\_\_  
 Petitioner     Respondent     Other Parent/Party     Other (specify):

A court hearing will be held on the *Request for Order* (form FL-300) served with this order, as follows:

a. Date:	Time:	<input type="checkbox"/> Dept.:	<input type="checkbox"/> Room:
b. Address of court <input type="checkbox"/> same as noted above <input type="checkbox"/> other (specify):			

2. **Findings:** Temporary emergency (ex parte) orders are needed to: (a) help prevent an immediate loss or irreparable harm to a party or to children in the case, (b) help prevent immediate loss or damage to property subject to disposition in the case, or (c) set or change procedures for a hearing or trial.

**COURT ORDERS:** The following temporary emergency orders expire on the date and time of the hearing scheduled in (1), unless extended by court order:

3.  **CHILD CUSTODY**

	<u>Temporary physical custody, care, and control to:</u>			
a. <u>Child's name</u>	<u>Date of Birth</u>	Petitioner	Respondent	Other Party/Parent
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Continued on Attachment 3(a)

b.  **Visitation (Parenting Time)** The temporary orders for physical custody, care, and control of the minor children in (3) are subject to the other party's or parties' rights of visitation (parenting time) as follows (specify):

See Attachment 3(b)

**THIS IS A COURT ORDER.**

PETITIONER: RESPONDENT: OTHER PARENT/PARTY:	CASE NUMBER:
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3.  **CHILD CUSTODY (continued)**

c. **Travel restrictions**

- (1) The party or parties with temporary physical custody, care, and control of minor children **must not remove the minor children from the state of California unless the court allows it after a noticed hearing.**
- (2)  Petitioner  Respondent  Other Parent/Party must not remove their minor children (*specify*):
  - (a)  from the state of California.
  - (b)  from the following counties (*specify*):
  - (c)  other (*specify*):

d.  **Child abduction prevention orders** are attached (see form FL-341(B)).

- e. (1) **Jurisdiction:** This court has jurisdiction to make child custody orders in this case under the Uniform Child Custody Jurisdiction and Enforcement Act (part 3 of the California Family Code, commencing with section 3400).
- (2) **Notice and opportunity to be heard:** The responding party was given notice and an opportunity to be heard as provided by the laws of the State of California.
- (3) **Country of habitual residence:** The country of habitual residence of the child or children is (*specify*):
  - The United States of America  Other (*specify*):
- (4) **If you violate this order, you may be subject to civil or criminal penalties, or both.**

4.  **PROPERTY CONTROL**

a.  Petitioner  Respondent  Other Parent/Party is given exclusive temporary use, possession, and control of the following property that the parties  own or are buying  lease or rent

b.  Petitioner  Respondent  Other Parent/Party is ordered to make the following payments on the liens and encumbrances coming due while the order is in effect:

Pay to:	For:	Amount: \$	Due date:
Pay to:	For:	Amount: \$	Due date:
Pay to:	For:	Amount: \$	Due date:
Pay to:	For:	Amount: \$	Due date:

5.  All other existing orders, not in conflict with these temporary emergency orders, remain in full force and effect.

6.  **OTHER ORDERS** (*specify*):  Additional orders are listed in Attachment 6.

Date: \_\_\_\_\_

\_\_\_\_\_  
JUDGE OF THE SUPERIOR COURT

**THIS IS A COURT ORDER.**

**SUPERIOR COURT OF CALIFORNIA, COUNTY OF RIVERSIDE**

**BLYTHE** 265 N. Broadway, Blythe, CA 92225  
 **HEMET** 880 N. State St., Hemet, CA 92543

**INDIO** 46-200 Oasis St., Indio, CA 92201  
 **RIVERSIDE** 4175 Main St., Riverside, CA 92501

**RI-FL004**

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> ): _____	FOR COURT USE ONLY     CASE NUMBER: _____
PETITIONER: _____   RESPONDENT: _____	
<b>DECLARATION REGARDING NOTICE OF REQUEST FOR EMERGENCY ORDERS                  (FAMILY LAW – NON-DOMESTIC VIOLENCE)</b>	

**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) [www.riverside.courts.ca.gov/selfhelp/domesticviolence](http://www.riverside.courts.ca.gov/selfhelp/domesticviolence)**

**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.

**A. NOTICE**

1. 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 THEIR 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: \_\_\_\_\_
  
2. At the time the notice was given, I informed the other party that emergency order would be presented to the court on \_\_\_\_\_ at \_\_\_\_\_  a.m.  p.m. at the \_\_\_\_\_ courthouse.  
 (DATE) (TIME) (COURTHOUSE LOCATION)
 

I informed the other party that the emergency orders requested were:

\_\_\_\_\_

\_\_\_\_\_
  
3. I informed the other party that 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) (DEPT.)
 

<input type="checkbox"/> Riverside 4175 Main St., Riverside, CA 92501	<input type="checkbox"/> Indio 46-200 Oasis St., Indio, CA 92201
<input type="checkbox"/> Hemet 880 N. State St., Hemet CA 92543	<input type="checkbox"/> Blythe 265 N. Broadway, Blythe, CA 92225

PETITIONER:	CASE NUMBER:
RESPONDENT:	

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

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

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6. 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**

1.  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)*

**a. 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)*

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**b. Waiver of Notice and/or Service**

*Notice*

Giving notice would frustrate the purpose of the order.

Giving notice would result in immediate and irreparable harm 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: \_\_\_\_\_

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

Date: \_\_\_\_\_

\_\_\_\_\_  
(TYPE OR PRINT NAME OF  ATTORNEY  PARTY MAKING DECLARATION) ▶ \_\_\_\_\_ (SIGNATURE)

ATTORNEY OR PARTY WITHOUT ATTORNEY OR GOVERNMENTAL AGENCY (under Family Code, §§ 17400,17406  
(Name, State Bar number, and address):  
  
TELEPHONE NO.: FAX NO. (Optional):  
ATTORNEY FOR (Name):

**FOR COURT USE ONLY**  
  
  
  
  
CASE NUMBER:  
  
(If applicable, provide):  
HEARING DATE:  
HEARING TIME:  
DEPT.:

**SUPERIOR COURT OF CALIFORNIA, COUNTY OF RIVERSIDE**

PETITIONER/PLAINTIFF:  
RESPONDENT/DEFENDANT:  
OTHER PARENT/PARTY:

**PROOF OF PERSONAL SERVICE**

1. I am at least 18 years old, not a party to this action, and not a protected person listed in any of the orders.
2. Person served (name):
3. I served copies of the following documents (specify):
  
4. By personally delivering copies to the person served, as follows:
  - a. Date:
  - b. Time:
  - c. Address:
  
5. I am
 

a. <input type="checkbox"/> not a registered California process server.	d. <input type="checkbox"/> exempt from registration under Business & Profession Code section 22350(b).
b. <input type="checkbox"/> a registered California process server.	e. <input type="checkbox"/> a California sheriff or marshal.
c. <input type="checkbox"/> an employee or independent contractor of a registered California process server.	
  
6. My name, address, and telephone number, and, if applicable, county of registration and number (specify):
  
7.  I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.
8.  I am a California sheriff or marshal and I certify that the foregoing is true and correct.

Date: \_\_\_\_\_

\_\_\_\_\_  
(TYPE OR PRINT NAME OF PERSON WHO SERVED THE PAPERS)

 \_\_\_\_\_  
(SIGNATURE OF PERSON WHO SERVED THE PAPERS)

PETITIONER:          RESPONDENT:	FOR COURT USE ONLY          CASE NUMBER:
<b>FINDINGS AND ORDERS ON REQUEST FOR</b> <input type="checkbox"/> <b>EMERGENCY ORDERS</b> <input type="checkbox"/> <b>ORDER SHORTENING TIME</b>	

**THE COURT MAKES THE FOLLOWING FINDINGS:**

- The court finds that notice     was     was not    given under California Rules of Court, rules 5.151, 5.165 and 5.167.
- The court finds good cause to **waive notice** because:
  - giving notice would frustrate the purpose of the order. (Rule 5.165(b)(2)(A))
  - giving notice would result in immediate and irreparable harm to the applicant or the children who may be affected by the order sought. (Rule 5.165(b)(2)(B))
  - giving notice would result in immediate and irreparable damage or loss of property subject to disposition in the case. (Rule 5.165(b)(2)(C))
  - the parties agreed in advance that notice will not be necessary. (Rule 5.165(b)(2)(D))
  - the party made reasonable and good faith efforts to give notice to the other party and further efforts to give notice would probably be futile or unduly burdensome. (Rule 5.165(b)(2)(E))
- The court find good cause to **waive service** because (*emergency order only*):
  - there are extraordinary circumstances that imminent harm is likely if the applicant serves documents on the other party before the hearing.
  - Other: \_\_\_\_\_

**THE COURT MAKES THE FOLLOWING ORDERS:**

- The hearing on emergency order is confirmed for \_\_\_\_\_ at \_\_\_\_\_  a.m.     p.m. in department \_\_\_\_\_ .
- The request for emergency order is **granted** based on the submitted pleadings and a noticed hearing is set for \_\_\_\_\_ at \_\_\_\_\_  a.m.     p.m. in department \_\_\_\_\_ .
- The order shortening time is **granted**. Time for     service     hearing is shortened. Service must be on for before: \_\_\_\_\_ Set hearing on: \_\_\_\_\_
- The     request for emergency     order shortening time is **denied** and a noticed hearing is set for \_\_\_\_\_ at \_\_\_\_\_  a.m.     p.m. in department \_\_\_\_\_ .
- A Child Custody Recommending Counseling appointment shall be set prior to the noticed hearing.
- Other: \_\_\_\_\_

Date: \_\_\_\_\_

\_\_\_\_\_  
(JUDICIAL OFFICER)

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> ): _____	FOR COURT USE ONLY       CASE NUMBER: _____
<input type="checkbox"/> PEOPLE OF THE STATE OF CALIFORNIA <input type="checkbox"/> PLAINTIFF/PETITIONER:  vs.  DEFENDANT/RESPONDENT: _____	
<b>REQUEST FOR AN INTERPRETER</b>	

**1. Case Type (*Please check applicable box*):**

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> Criminal                     | <input type="checkbox"/> Traffic   | <input type="checkbox"/> Juvenile Delinquency            |
| <input type="checkbox"/> Juvenile Dependency          | <input type="checkbox"/> Mental Health                                     | <input type="checkbox"/> Child Support Case              |
| <input type="checkbox"/> Family Law Domestic Violence | <input type="checkbox"/> Elder Abuse                                       | <input type="checkbox"/> Civil Harassment                |
| <input type="checkbox"/> Unlawful Detainer            | <input type="checkbox"/> Termination of Parental Relationship – Family Law | <input type="checkbox"/> Guardianship or Conservatorship |
| <input type="checkbox"/> Other: _____                 |  |  |

**2. Name of person needing an interpreter:** \_\_\_\_\_

- |                                    |  |   |
|------------------------------------|--|---|
| <input type="checkbox"/> Defendant | <input type="checkbox"/> Plaintiff       | <input type="checkbox"/> Witness for: _____ |
| <input type="checkbox"/> Minor     | <input type="checkbox"/> Parent/Guardian | <input type="checkbox"/> Party on Case      |

Requested by:

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> District Attorney | <input type="checkbox"/> DPSS           | <input type="checkbox"/> Juvenile Defense Counsel |
| <input type="checkbox"/> DA Advocate       | <input type="checkbox"/> Probation      | <input type="checkbox"/> Party on Case            |
| <input type="checkbox"/> Defense Counsel   | <input type="checkbox"/> County Counsel | <input type="checkbox"/> Other: _____             |

**3. Date of Hearing:** \_\_\_\_\_ **Dept:** \_\_\_\_\_ **Estimate of time interpreter will be needed:** \_\_\_\_\_

- Half Day (*choose one*):  AM - 8 to 12  PM - 1 to 5  Full Day - 8 to 5  On-call - Any time  
 Estimated Length of Hearing (HRS/DAYS): \_\_\_\_\_

**4. Language being requested: (*A minimum of 48 hours needed for a Spanish and Sign Language Interpreter and 5 days for all other languages (Local Rule 1025).*)**

- |   |  |  |                                     |
|---|--|--|-------------------------------------|
| <input type="checkbox"/> Arabic   | <input type="checkbox"/> German            | <input type="checkbox"/> Lao                     | <input type="checkbox"/> Russian    |
| <input type="checkbox"/> Armenian East  | <input type="checkbox"/> Hungarian         | <input type="checkbox"/> Mandarin/Chinese        | <input type="checkbox"/> Samoan     |
| <input type="checkbox"/> Armenian West  | <input type="checkbox"/> Indonesian        | <input type="checkbox"/> Portuguese              | <input type="checkbox"/> Spanish*   |
| <input type="checkbox"/> Cantonese  | <input type="checkbox"/> Japanese          | <input type="checkbox"/> Punjabi                 | <input type="checkbox"/> Tagalog    |
| <input type="checkbox"/> Farsi  | <input type="checkbox"/> Khmer (Cambodian) | <input type="checkbox"/> Q'anjob'al (K'anjob'al) | <input type="checkbox"/> Thai       |
| <input type="checkbox"/> French   | <input type="checkbox"/> Korean            | <input type="checkbox"/> Romanian                | <input type="checkbox"/> Vietnamese |
| <input type="checkbox"/> Other: _____ (If requesting a language not listed above, please include country or region if known.) Country/Region: _____ |  |  |                                     |

\* Requests for an assigned Spanish interpreter to trials lasting one day or more must be made in advance.

**If the above hearing date is continued or taken off calendar, please cancel the request with the Courtroom Assistant or Court Services Coordinator no less than 24 hours in advance. If the attorney cancels the request for an interpreter less than 24 hours in advance of the hearing date, the attorney who requested the interpreter shall pay the cost incurred by the court for the interpreter.**

**Note:** Please complete Judicial Council form MC-410 *Request for Accommodations by Persons with Disabilities and Response* if you need an American Sign Language interpreter.