ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, State Bar number, and address):	FOR COURT USE ONLY
TELEPHONE:	
FAX NO. (Optional): ATTORNEY FOR (Name):	
SUPERIOR COURT OF CALIFORNIA, COUNTY OF BUTTE	
Butte County Courthouse North Butte County Courthouse One Court Street, Oroville, CA 95965 1775 Concord Avenue, Chico, CA 95928 (530) 532-7002 (530) 532-7002	
PETITIONER/PLAINTIFF:	
RESPONDENT/DEFENDANT:	
OTHER:	
<ul> <li>□ DECLARATION RE: NOTICE OF EX PARTE APPLICATION FOR ORDERS</li> <li>□ ORDER SHORTENING TIME</li> </ul>	CASE NUMBER:
I,, do ded	clare:
1. That I am Counsel for Plaintiff Defendant in the within action.	
2. I have given notice of the present application for an ex parte order and/	or order shortening time to:
☐ Counsel for ☐ Plaintiff ☐ Defendant in the following manner:	-
a.   By telephone call: atm., on	, 20
The person to whom I spoke was	·
The message left was:	
b. By letter: mailed personally delivered atm., on _	, 20 .
	,20
3. I received the following response to said notice:	
4. I did not give notice of the present application for the following reason(s	s) indicated:
<ul> <li>a. □ Notice of this ex parte application would frustrate the purpose of (Explain)*</li> </ul>	the orders sought herein.
<ul> <li>b.          The applicant would suffer immediate and irreparable harm before opposition.     </li> <li>(Explain)*</li> </ul>	ore the adverse party could be heard ir

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Optional

## NOTE: CALIFORNIA RULE OF COURT 3.1200-3.1207 GOVERNS NOTICE REQUIREMENT

Place:	Date: _		, 20_
	(Type or Print Name)	(Signature of Party or Party	's Attorney)
	ORDER SHORTENING TIN	<b>N</b> F	
	ORDER SHORTERING TIM	<u></u>	
ime for:	☐ service is shortened. Service shall be on / or before	(Date)	, 20
ime for:	☐ service is shortened. Service shall be on / or before ☐ hearing is shortened. Hearing is set	(Date)	, 20 , 20
ïme for:		(Date)	
		(Date)	

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Optional