

**SUPERIOR COURT OF THE STATE OF CALIFORNIA, COUNTY OF PLACER**

ATTORNEY OR UNREPRESENTED PARTY <i>(Name, State Bar Number, and Address):</i>  TELEPHONE NO.:  EMAIL ADDRESS <i>(Optional)</i> :  ATTORNEY FOR <i>(Name)</i> :	<b>FOR COURT USE ONLY</b>
<b>Superior Court of California, County of Placer</b> <input type="checkbox"/> 10820 Justice Center Drive <input type="checkbox"/> 2501 N. Lake Blvd. P. O. Box 619072                              P.O. Box 5669 Roseville, CA 95661-9072                  Tahoe City, CA 96145	
Petitioner:  Respondent:	
<b>DECLARATION REGARDING NOTICE TO OPPOSING PARTY OF:</b> <input type="checkbox"/> <b>EMERGENCY REQUEST HEARING</b> <input type="checkbox"/> <b>ORDER SHORTENING TIME</b> <span style="float: right;"><b>(Family Law)</b></span>	CASE NUMBER:

1. I am  counsel for  Petitioner  Respondent in this action.
2. The opposing party is represented by an attorney:  Yes  No  
 If you checked "yes", fill in the attorney's name address and telephone number:
3. I have given notice to \_\_\_\_\_ (name) of this  Emergency Request hearing  
 Request for Order Shortening time by [Complete either (a), (b), or (c)]:
  - (a) Telephone call on \_\_\_\_\_ (Date) at \_\_\_\_\_ (a.m.) (p.m.)
  - (b) In person on \_\_\_\_\_ (Date) at \_\_\_\_\_ (a.m.) (p.m.)
  - (c) Other on \_\_\_\_\_ (Date) at \_\_\_\_\_ (a.m.) (p.m.)
 Describe other notice: \_\_\_\_\_
4. I also delivered a copy of the Notice of Emergency Request Hearing or Notice of Request for Order Shortening Time to the other party by the quickest possible method: \_\_\_\_\_ (Date and time)  
 Delivery method and electronic delivery address (email address, fax number, etc):  
 \_\_\_\_\_  
 \_\_\_\_\_

I have not given notice of this application for Emergency Request orders for the following reason(s) indicated:

- Giving notice would frustrate the purpose of the order (explain in detail) : \_\_\_\_\_  
 \_\_\_\_\_
- I will suffer immediate and irreparable injury if notice is given (explain in detail): \_\_\_\_\_  
 \_\_\_\_\_

5. *Order Shortening Time Only.* Dates that Petitioner is unavailable for hearing (if known): \_\_\_\_\_  
 Dates that Respondent in unavailable for hearing (if known): \_\_\_\_\_

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.  
 Signed at \_\_\_\_\_ (city), California on \_\_\_\_\_ (date).

\_\_\_\_\_  
 Type or Print Name

\_\_\_\_\_  
 Signature of Declarant