

**THIS APPLICATION MUST BE FULLY COMPLETED OR IT WILL BE REJECTED**

ATTORNEY OR PARTY WITHOUT ATTORNEY (NAME, ADDRESS, PHONE) Last Name: _____ First Name: _____ MI: _____ Mailing Address: _____ City: _____ State: _____ Zip: _____ Phone Number: ( ) _____ ATTORNEY FOR: (NAME) _____	
<b>SUPERIOR COURT OF CALIFORNIA, COUNTY OF CALAVERAS</b> COURT LOCATION: GOVERNMENT CENTER MAILING ADDRESS: 891 MOUNTAIN RANCH ROAD CITY & ZIP CODE: SAN ANDREAS, 95249	
PETITIONER/PLAINTIFF: _____ RESPONDENT/DEFENDANT: _____	
REQUESTED HEARING DATE: _____ TIME: _____ DEPT: _____	CASE NO.: _____
<b>APPLICATION FOR IMMEDIATE COURT HEARING AND ORDER</b>	

I, \_\_\_\_\_, hereby declare the following is true and correct:  
*(Applicant's name is printed above)*

1. The **opposing party**  is  is not represented by an attorney. Opposing attorney(s) or self represented party's **name, address and phone number** is \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

*(Absent exceptional circumstances or clear statutory authority, ALL parties to this action must be given PRIOR notice of this application.)*

2.  **I provided actual notice of the hearing** by speaking to the other party or attorney:  
 Notice was given to \_\_\_\_\_ on \_\_\_/\_\_\_/\_\_\_ at \_\_\_ am/pm  
 and he/she  will  will not appear at the hearing and  does  does not oppose relief sought.  
 Notice was given to \_\_\_\_\_ on \_\_\_/\_\_\_/\_\_\_ at \_\_\_ am/pm  
 and he/she  will  will not appear at the hearing and  does  does not oppose relief sought.  
 Notice given to additional parties / attorneys listed under "Other" on page 2 of this declaration.

*(If ANY party to this action has not received actual notice of this application you must check 3 below and explain why no notice was given on page 2)*

3.  **I have not provided notice of the hearing** for the reasons set forth on page 2 of this declaration.  
 4. **The orders I am requesting:** \_\_\_\_\_  
 \_\_\_\_\_  See page 2.

FOR COURT USE ONLY	
<input type="checkbox"/> Set hearing as requested. <input type="checkbox"/> Request for hearing is denied. <input type="checkbox"/> Use regular noticed motion. _____	<input type="checkbox"/> Re-set hearing to _____ <input type="checkbox"/> Insufficient application @ # _____ <input type="checkbox"/> Other : _____ _____
Dated: _____	
<input type="checkbox"/> Judge / <input type="checkbox"/> Deputy Clerk	

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PARTIES:	CASE NO.:
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5. (Continued from 3.) **Facts showing why no notice should be required** prior to the hearing:

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6. (Continued from 4.) **Specify exactly what orders you are requesting:** \_\_\_\_\_

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7. I  have  have not made **prior applications for the same or similar relief**. If so, explain:

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8. There  are  are not **other court cases between these parties**. If so, state the name of the court, case number and the general nature of those cases: \_\_\_\_\_

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9. **Other** facts / circumstances in support of this Application: \_\_\_\_\_

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10.  Prior to the hearing, **all other parties will receive a completed copy of this Application**.

I have read the above completed application and personally know the above statements are true. I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct. Executed at \_\_\_\_\_, California, on \_\_\_\_\_.

\_\_\_\_\_  
*Printed name of declarant*

\_\_\_\_\_  
*Signature of declarant*

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