

(This document must be filed by noon on the day of the ex parte hearing)

NAME, ADDRESS & TELEPHONE NUMBER	FOR COURT USE ONLY
TELEPHONE NO: _____ FAX NO: _____ ATTORNEY FOR (NAME): _____	
SUPERIOR COURT OF CALIFORNIA COUNTY OF YUBA 215 5TH STREET, SUITE 200 MARYSVILLE, CA 95901-5737 (530) 740-1800	
PLAINTIFF/PETITIONER: vs. DEFENDANT/RESPONDENT:	
PROOF OF SERVICE OF NOTICE OF EX-PARTE APPLICATION FOR <input type="checkbox"/> CIVIL HARASSMENT <input type="checkbox"/> ELDER ABUSE <input type="checkbox"/> TEMPORARY RESTRAINING ORDERS	CASE NUMBER: _____

I, _____ residing at _____ :
Person giving notice (cannot be party) mailing address

1. Gave notice to _____ on _____ at _____ by _____
person notified date time

(select manner of notification):

- Telephone number
- Voicemail
- In Person
- In writing
- By facsimile
- By text message
- By e-mail
- Social media

2. I stated that _____ is seeking temporary ex parte orders for _____
party's name civil harassment/elder ex parte order

3. I also gave the date, time and place of the ex parte hearing.

4. I asked whether the opposing party would appear or file responsive pleadings and was advised that _____.

5. I thereafter served the papers at the first reasonable opportunity before the hearing.

6. Exceptional circumstances justify that shorter notice given as follows _____.

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

Date: _____

Printed Name

Signature of Declarant