

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) _____	
SUPERIOR COURT OF CALIFORNIA, COUNTY OF CALAVERAS 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.: _____
APPLICATION FOR IMMEDIATE COURT HEARING AND ORDER	

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:

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

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

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: _____

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

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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