ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, State Bar Number and Address):	FOR COURT USE ONLY
TELEPHONE NO: FAX NO. (Optional): E-MAIL ADDRESS (Optional):	
ATTORNEY FOR (Name):	
SUPERIOR COURT OF CALIFORNIA, COUNTY OF SAN JOAQUIN	
STREET ADDRESS: 315 W. ELM STREET	
MAILING ADDRESS: 315 W. ELM STREET	
CITY AND ZIP CODE: LODI, CA 95240	
IN THE MATTER OF (Name):	CASE NUMBER:
IN THE WATTER OF (Name).	
☐ Decedent ☐ Conservatorship ☐ Guardianship ☐ Trust ☐ Other	
	N/PD
NOTICE OF EX PARTE REQUEST (Probate & Civil Montal Health)	
(Probate & Civil Mental Health)	
THIS NOTICE MUST BE PROVIDED WITH ALL EX PARTE APPLICATIONS	
[Except for those applications specifically listed in local rule 4-106A]	
An ex parte application is being made in the above referenced case, requesting the following relief:	
☐ Continued on Attachment 1	
The date the ruling is requested on is: DATE:	
The date the runing is requested on is.	
Ex parte applications are <i>non-appearance</i> matters and are decided on written submissions unless the court, in its	
discretion, sets a hearing for a later date.	
discretion, sets a hearing for a rater date.	
NOTICE: The applicant must file and serve the ex parte application and supporting documents no later than	
10:00 a.m. on the court day before the date on which the court's ruling is requested. Absent a showing of	
·	
exceptional circumstances that justify a shorter time frame. Declaration Re: Notice of Ex Parte Application	
Local form SJPR-006 must be used and filed with the ex parte application.	
OPPOSITION: Any party opposing the application must file and serve a written opposition no later than	
10:00 a.m. on the date on which the court's ruling is requested (see date li	sted above). [An optional Opposition
to Ex Parte Application Local Form SJPR/MH-010 is available to use on t	
	,
SEE THE COURT'S WEBSITE FOR FURTHER DETAIL OF ALL THE RULES AND REQUIREMENTS	
FOR AN EX PARTE APPLICATION IN PROBATE AND CIVIL MENTAL HEALTH MATTERS.	

NOTICE OF EX PARTE REQUEST