

# Instructions for filing a Request for Order (Ex-Parte Emergency)

## Forms Needed: (\* Mandatory Forms)

- [Request for Order \(FL-300\) \\*](#)
- [Temporary Order \(FL-305\) \\*](#)
- [Declaration Regarding Notice of a Request for Emergency Orders \(RI-FL004\) \\*](#)
- [Income and Expense Declaration \(FL-150\)](#)
- [Proof of Personal Service \(FL-330\)](#)
- [Proof of Service by Mail \(FL-335\)](#)
- [Request for Interpreter \(RI-IN007\)](#)

## Request for Order (Ex Parte Emergency)

If you have an emergency and need emergency temporary orders you may consider filing an Ex Parte Request for Order. The request can be about child custody, visitation (parenting time), child support, spousal or partner support, property, finances, attorney's fees and costs, or other matters. An Ex Parte Request for Order requires additional forms and procedures from a regular Request for Order.

You can also watch a video on, How do I file a Request for Temporary Emergency Orders?:

<https://www.youtube.com/embed/ilukONrkNtQ?rel=0&modestbranding=1&autoplay=1>

<b>1</b>	<b>Read Family Code 3064 and Riverside County's Local Rule 5165</b>	Learn how the court views emergency requests. A sanction (fine) can be issued if you fail to show that you are entitled to temporary emergency orders. ( <a href="#">Family Code 3064</a> ) ( <a href="#">Local Rule 5165</a> )
<b>2</b>	<b>Complete all Forms</b>	Complete all the documents and sign them. <i>Be sure to write a clear declaration explaining the nature of your emergency. The declaration is limited to 10 pages. Attach and label your supporting documents to our request (Exhibit 1, 2, 3, etc.)</i>
<b>3</b>	<b>Make Copies</b>	Make (4) identical copies of your Request for Order FL-300, Temporary Orders (FL-305), and any other documents attached. <i>(Keep two copies for later use.)</i>
<b>4</b>	<b>Give Notice to the Other Party OR Request Waiver of Notice</b>	<ul style="list-style-type: none"> <li>○ Someone will need to call the other party <b>NO LATER THAN 10:00 AM</b> the morning before the hearing date.</li> <li>○ If you are unable to notify the other party you can ask for notice to be waived under certain circumstances only. CRC 5.165(b)(2).</li> </ul>
<b>5</b>	<b>Deliver Copies to the Other Party OR Request Waiver of Service</b>	<ul style="list-style-type: none"> <li>○ After notice is given, someone over the age of 18, who is not you or a party to the case, must personally serve the other party with a copy of the paperwork (not the original) and a blank responsive declaration (FL- 320)</li> <li>○ If you are unable to serve the other party, you can ask for service to be waived under certain circumstances. CRC 5.167(a).</li> </ul>
<b>6</b>	<b>Complete Declaration of Notice</b>	The caller in #5 must complete the Declaration Regarding Notice of a Request for Emergency Orders (RI-FL004). <i>See information on the next page on GIVING NOTICE TO THE OTHER PARTY.</i>
<b>7</b>	<b>Serve A Copy of Ex-Parte Forms</b>	Your server must complete the Proof of Personal Service Form FL-330
<b>8</b>	<b>File with the Court</b>	<p><b>File your documents by 12:00 PM the court day before your hearing. File the original and 2 copies of the following:</b></p> <p><b><u>In-Person:</u></b> Go to the Clerk's Office window. You will need the following:</p> <ul style="list-style-type: none"> <li>• The original and at least copy (max 2)</li> </ul> <p><b><u>Drop box or Mail:</u></b> Use the drop off box or mail your forms to the court listed on your forms. Include the following:</p> <ul style="list-style-type: none"> <li>• The original and at least a copy (max 2)</li> <li>• An envelope addressed to yourself with sufficient postage affixed.</li> </ul> <p><b><u>Online:</u></b> Submit your forms online through eSubmit Portal. Follow the instructions below:</p> <ul style="list-style-type: none"> <li>• Electronically sign your documents at all signature lines in the document.</li> <li>• Watch video tutorials to prepare your documents at: <a href="https://riverside.courts.ca.gov/SelfHelp/FamiliesChildren/PDF-Video.mp4">https://riverside.courts.ca.gov/SelfHelp/FamiliesChildren/PDF-Video.mp4</a></li> <li>• Read instructions and eSubmit documents at: <a href="https://riverside.courts.ca.gov/forms-filing/esubmit">https://riverside.courts.ca.gov/forms-filing/esubmit</a></li> </ul> <p><i>The filing fee or <a href="#">fee waiver</a> will be required at the time of submission. Once the court files the documents, the copies will be returned to you in the same way they were filed.</i></p>

**GIVING NOTICE TO THE OTHER PARTY:**

Someone will need to call the other party NO LATER THAN 10:00 AM the morning before the hearing date. If the other party does not answer, the caller can leave a voicemail. The caller will need to state the following:

“I am calling to give you ex parte notice for \_\_\_\_\_ at 8:30 a.m. in Dept. \_\_\_\_\_  
Date of hearing Department Number  
 at \_\_\_\_\_ for the following orders: \_\_\_\_\_.”  
Courthouse Address Orders Requested

If you do not have the other party’s phone number, you can have someone notify the other party in person.

If the caller speaks directly to the other party then the caller must ask them the three specific questions from page 2 of the Declaration Regarding Notice of a Request for Emergency Orders (RI-FL004) item numbers 4, 5 and 6. Write down exactly what the other party stated. If the caller leaves a message, that section will be left blank.

**AFTER YOU FILE:** *(Contact the Clerk’s Office by closing business day at (951) 777-3147 or (760) 393-2617 for status of emergency hearing.)*

IF YOUR EX PARTE IS GRANTED: If you Ex-Parte are granted, you will attend the hearing.

IF YOUR EXPARTE IS DENIED: If your Ex Parte request was denied, a court hearing date will be set for a later date. Please see below for further instructions.

<b>1</b>	<b>Pick Up Your Court Papers</b>	Pick up the Request for Order copies from where you filed them at the court. It will include a hearing date.
<b>2</b>	<b>Deliver Copies to the Other Party</b>	Have someone over the age of 18, who is not you, <b>personally</b> serve one copy of the request for order, together with the blank forms, on the other party (or attorney). Keep the second copy for your file.
<b>3</b>	<b>Complete Proof of Service</b>	Have your server complete the Proof of Personal Service form FL-330.
<b>4</b>	<b>File the Proof of Service</b>	File the completed Proof of Service ( <a href="#">FL-330</a> or <a href="#">FL-335</a> ) with the court. You should keep a copy of the completed form for your own records. (See instructions above for filing instructions)
<b>5</b>	<b>Attend CCRC</b>	If an appointment is set, attend the Child Custody Recommending Counseling Appointment.
<b>6</b>	<b>Attend Court Hearing</b>	Attend your scheduled court hearing date. For Telephonic Hearings, please ensure that you call-in for hearing at the time indicated on your notice.
<b>7</b>	<b>Prepare FOAH</b>	If necessary, prepare a Findings and Order After Hearing ( <a href="#">FL-340</a> ).

*DISCLAIMER: Our Self-Help Center staff is not your private attorney and does not represent any party. There is NO attorney-client relationship and staff are unable to provide legal advice based on your individual facts. The Self-Help Center staff may provide information and services to the other party in the case. Further, communications between you and Self-Help Center staff is NOT Confidential. You should consult with your own attorney if you want personalized advise or strategy, to have a confidential conversation, or to be represented by an attorney in court.*

Superior Court of California  
County of Riverside  
Ex-parte Form Packet

**Your Information:** I am the  Petitioner  Respondent

Name (First, Middle, Last): \_\_\_\_\_

Street Address \_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

**Petitioner's Name:**

Name (First, Middle, Last): \_\_\_\_\_

**Respondent's Name:**

Name (First, Middle, Last): \_\_\_\_\_

**Type of Order you are requesting:** Check here if changing an existing order

Child Custody  Visitation (Parenting Time)  Property Control

Other: \_\_\_\_\_

**Case Number:** \_\_\_\_\_

**List minor children of the relationship:**

Name (*First, Middle, Last*): \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Name (*First, Middle, Last*): \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Name (*First, Middle, Last*): \_\_\_\_\_

Date of Birth: \_\_\_\_\_

**Where is your case filed?**

**Filing options:**

**Today's Date:** \_\_\_\_\_

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, state bar number, and address):   TELEPHONE NO.: EMAIL ADDRESS: ATTORNEY FOR (name):	<b>FOR COURT USE ONLY</b>
<b>SUPERIOR COURT OF CALIFORNIA, COUNTY OF RIVERSIDE</b>	
PETITIONER: RESPONDENT: OTHER PARENT/PARTY:	
<b>REQUEST FOR ORDER</b> <input type="checkbox"/> <b>CHANGE</b> <input type="checkbox"/> <b>TEMPORARY EMERGENCY ORDERS</b> <input type="checkbox"/> Child Custody <input type="checkbox"/> Visitation (Parenting Time) <input type="checkbox"/> Spousal or Partner Support <input type="checkbox"/> Child Support <input type="checkbox"/> Property Control <input type="checkbox"/> Attorney's Fees and Costs <input type="checkbox"/> Other (specify):	CASE NUMBER:

*Note: Read form FL-300-INFO for information about how to complete this form. To ask to change or end an order that was granted in a Restraining Order After Hearing (form DV-130 or JV-255), read form FL-300-INFO and form DV-300-INFO.*

**NOTICE OF HEARING**

1. TO (name): \_\_\_\_\_  
 Petitioner    Respondent    Other Parent/Party    Other (specify):

2. **A COURT HEARING WILL BE HELD AS FOLLOWS:**

a. Date: _____ Time: _____ <input type="checkbox"/> Dept.: _____ <input type="checkbox"/> Room.: _____ b. Address of court <input type="checkbox"/> same as noted above <input type="checkbox"/> other (specify):
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3. **WARNING to the person served with the Request for Order:** The court may make the requested orders without you if you do not file a *Responsive Declaration to Request for Order* (form FL-320), serve a copy on the other parties at least nine court days before the hearing (unless the court has ordered a shorter period of time), and appear at the hearing. (See form *FL-320-INFO* for more information.)

**COURT ORDER**  
(FOR COURT USE ONLY)

**It is ordered that:**

4.  Time    for service    until the hearing   is shortened. Service must be on or before (date):
5.  A *Responsive Declaration to Request for Order* (form FL-320) must be served on or before (date):
6.  The parties must attend an appointment for child custody mediation or child custody recommending counseling as follows (specify date, time, and location):
7.  The orders in *Temporary Emergency (Ex Parte) Orders* (form FL-305) apply to this proceeding and must be personally served with all documents filed with this *Request for Order*.
8.  Other (specify):

Date: \_\_\_\_\_ \_\_\_\_\_ JUDICIAL OFFICER



PETITIONER: RESPONDENT: OTHER PARENT/PARTY:	CASE NUMBER:
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2. d.  This is a change from the current order for  child custody  visitation (parenting time).
- (1)  The order for legal or physical custody was filed on (date): \_\_\_\_\_ . The court ordered (specify): \_\_\_\_\_
- (2)  The visitation (parenting time) order was filed on (date): \_\_\_\_\_ . The court ordered (specify): \_\_\_\_\_

Attachment 2d.

3.  CHILD SUPPORT

(Note: An earnings assignment may be issued. See *Income Withholding for Support* (form [FL-195](#) )

a. I request that the court order child support as follows:

Child's name and age

I request support for each child Monthly amount (\$) requested based on the child support guideline. (if not by guideline)

Attachment 3a.

b.  I want to change a current court order for child support filed on (date): \_\_\_\_\_  
 The court ordered child support as follows (specify): \_\_\_\_\_

c. I have completed and filed with this *Request for Order* a current *Income and Expense Declaration* (form [FL-150](#)) or I filed a current *Financial Statement (Simplified)* (form [FL-155](#)) because I meet the requirements to file form FL-155.

d. The court should make or change the support orders because (specify): \_\_\_\_\_  Attachment 3d.

4.  SPOUSAL OR DOMESTIC PARTNER SUPPORT

(Note: An *Earnings Assignment Order for Spousal or Partner Support* (form [FL-435](#)) may be issued.)

a.  Amount requested (monthly): \$ \_\_\_\_\_

b.  I want the court to  change  end the current support order filed on (date): \_\_\_\_\_  
 The court ordered \$ \_\_\_\_\_ per month for support.

c.  This request is to modify (change) spousal or partner support after entry of a judgment.  
 I have completed and attached *Spousal or Partner Support Declaration Attachment* (form [FL-157](#)) or a declaration that addresses the same factors covered in form FL-157.

d. I have completed and filed a current *Income and Expense Declaration* (form [FL-150](#)) in support of my request.

e. The court should make, change, or end the support orders because (specify): \_\_\_\_\_  Attachment 4e.

PETITIONER: RESPONDENT: OTHER PARENT/PARTY:	CASE NUMBER:
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5.  **PROPERTY CONTROL**  I request temporary emergency orders  
 a. The  petitioner  respondent  other parent/party be given exclusive temporary use, possession, and control of the following property that we  own or are buying  lease or rent (*specify*):

b. The  petitioner  respondent  other parent/party be ordered to make the following payments on debts and liens coming due while the order is in effect:

Pay to: \_\_\_\_\_ For: \_\_\_\_\_ Amount: \$ \_\_\_\_\_ Due date: \_\_\_\_\_  
 Pay to: \_\_\_\_\_ For: \_\_\_\_\_ Amount: \$ \_\_\_\_\_ Due date: \_\_\_\_\_  
 Pay to: \_\_\_\_\_ For: \_\_\_\_\_ Amount: \$ \_\_\_\_\_ Due date: \_\_\_\_\_  
 Pay to: \_\_\_\_\_ For: \_\_\_\_\_ Amount: \$ \_\_\_\_\_ Due date: \_\_\_\_\_

c.  This is a change from the current order for property control filed on (*date*):  
 d. Specify in Attachment 5d the reasons why the court should make or change the property control orders.

6.  **ATTORNEY'S FEES AND COSTS**  
 I request attorney's fees and costs, which total (*specify amount*): \$ \_\_\_\_\_ . I filed the following to support my request:

- a. A current *Income and Expense Declaration* (form FL-150).
- b. A *Request for Attorney's Fees and Costs Attachment* (form FL-319) or a declaration that addresses the factors covered in that form.
- c. A *Supporting Declaration for Attorney's Fees and Costs Attachment* (form FL-158) or a declaration that addresses the factors covered in that form.

7.  **OTHER ORDERS REQUESTED** (*specify*):  Attachment 7.

8.  **TIME FOR SERVICE / TIME UNTIL HEARING** I urgently need:  
 a.  To serve the *Request for Order* no less than (*number*): \_\_\_\_\_ court days before the hearing.  
 b.  The hearing date and service of the *Request for Order* to be sooner.  
 c. I need the order because (*specify*):  Attachment 8.

9.  **FACTS TO SUPPORT** the orders I request are listed below. The facts that I write in support and attach to this request cannot be longer than 10 pages, unless the court gives me permission.  Attachment 9.

I declare under penalty of perjury under the laws of the State of California that the information provided in this form and all attachments is true and correct.

Date: \_\_\_\_\_  
 \_\_\_\_\_  
(TYPE OR PRINT NAME) \_\_\_\_\_  
(SIGNATURE OF APPLICANT)



**Requests for Accommodations**

Assistive listening systems, computer-assisted real-time captioning, or sign language interpreter services are available if you ask at least five days before the proceeding. Contact the clerk's office or go to [courts.ca.gov/forms](https://courts.ca.gov/forms) for *Disability Accommodations Request* (form MC-410). (Civ. Code, § 54.8.)

SHORT TITLE: <hr/>	CASE NUMBER:
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**ATTACHMENT** (Number): \_\_\_\_\_

*(This Attachment may be used with any Judicial Council form.)*

*(If the item that this Attachment concerns is made under penalty of perjury, all statements in this Attachment are made under penalty of perjury.)*

Page \_\_\_\_\_ of \_\_\_\_\_

*(Add pages as required)*



PETITIONER: RESPONDENT: OTHER PARENT/PARTY:	CASE NUMBER:
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d.  **Visitation (Parenting Time)**

When the court has granted temporary orders for child custody, it must consider if the best interests of the child require that visitation (parenting time) be suspended, denied, or supervised. Further, the temporary orders for custody, care, and control of the minor children in 3c are subject to the other party's or parties' rights of visitation (parenting time). The temporary orders for visitation (parenting time) are as follows:

See Attachment 3d.

e. **Travel restrictions**

- (1) The party or parties with temporary physical custody, care, and control of minor children **must not remove the minor children from the state of California unless the court allows it after a noticed hearing.**
- (2)  Petitioner  Respondent  Other Parent/Party must not remove their minor children (*specify*):
  - (a)  from the state of California.
  - (b)  from the following counties (*specify*):
  - (c)  other (*specify*):

- f. (1) **Jurisdiction:** This court has jurisdiction to make child custody orders in this case under the Uniform Child Custody Jurisdiction and Enforcement Act (part 3 of the California Family Code, commencing with section 3400).
- (2) **Notice and opportunity to be heard:** The responding party was given notice and an opportunity to be heard as provided by the laws of the State of California.
- (3) **Country of habitual residence:** The country of habitual residence of the child or children is (*specify*):
  - The United States of America  Other (*specify*):
- (4) **If you violate this order, you may be subject to civil or criminal penalties, or both.**

4.  **PROPERTY CONTROL**

a.  Petitioner  Respondent  Other Parent/Party is given exclusive temporary use, possession, and control of the following property that the parties  own or are buying  lease or rent

b.  Petitioner  Respondent  Other Parent/Party is ordered to make the following payments on the liens and encumbrances coming due while the order is in effect:

Pay to:	For:	Amount: \$	Due date:
Pay to:	For:	Amount: \$	Due date:
Pay to:	For:	Amount: \$	Due date:
Pay to:	For:	Amount: \$	Due date:

5.  All other existing orders, not in conflict with these temporary emergency orders, remain in full force and effect.

6.  **OTHER ORDERS** (*specify*):  Additional orders are listed in Attachment 6.

Date:

\_\_\_\_\_  
JUDICIAL OFFICER OF THE SUPERIOR COURT

**THIS IS A COURT ORDER.**

**SUPERIOR COURT OF CALIFORNIA, COUNTY OF RIVERSIDE**

**BLYTHE** 265 N. Broadway, Blythe, CA 92225  
 **INDIO** 46-200 Oasis St., Indio, CA 92201

**MENIFEE** 27401 Menifee Center Dr., Menifee, CA 92584  
 **RIVERSIDE** 4175 Main St., Riverside, CA 92501

**RI-FL004**

ATTORNEY OR PARTY WITHOUT ATTORNEY ( <i>Name, State Bar Number and Address</i> )    TELEPHONE NO.: _____ FAX NO. ( <i>Optional</i> ): _____ E-MAIL ADDRESS ( <i>Optional</i> ): _____ ATTORNEY FOR ( <i>Name</i> ): _____	FOR COURT USE ONLY        CASE NUMBER: _____
PETITIONER: _____    RESPONDENT: _____	
<b>DECLARATION REGARDING NOTICE OF REQUEST FOR EMERGENCY ORDERS                  (FAMILY LAW – NON-DOMESTIC VIOLENCE)</b>	

**NOTICE: The court cannot consider your request for emergency orders unless you have given notice as required by California Rules of Court, rules 5.151, 5.165 and 5.167. If you or a family member needs domestic violence or child abuse protection, please use the Domestic Violence Protection Act forms (DV-100, DV-109 and DV-110) [www.riverside.courts.ca.gov/selfhelp/domesticviolence](http://www.riverside.courts.ca.gov/selfhelp/domesticviolence)**

**INSTRUCTIONS:** You must give notice to all parties or their attorneys no later than 10:00 a.m. on the court day before the emergency hearing. After providing notice, you must serve your documents requesting emergency orders on all parties or their attorneys at the first reasonable opportunity. Your proof of service should be filed separately from this declaration. **You may ask the court to waive notice** under Rule 5.165(b)(2) or service under Rule 5.167(a) by filling out Section C of this form.

**A. NOTICE**

1. I informed the other party in this action that a request for emergency orders would be sought by speaking to: \_\_\_\_\_ on \_\_\_\_\_ at \_\_\_\_\_  a.m.  p.m.  
(PARTY'S NAME OR THEIR ATTORNEY OF RECORD) (DATE) (TIME)  
 I spoke to the party in person.  
 I spoke to the party by telephone at the following number: \_\_\_\_\_  
 I left a message on voicemail of the party at the following number: \_\_\_\_\_
  
2. At the time the notice was given, I informed the other party that emergency order would be presented to the court on \_\_\_\_\_ at \_\_\_\_\_  a.m.  p.m. at the \_\_\_\_\_ courthouse.  
(DATE) (TIME) (COURTHOUSE LOCATION)  
 I informed the other party that the emergency orders requested were:  
 \_\_\_\_\_  
 \_\_\_\_\_
  
3. I informed the other party that he/she should appear at the Family Law Court if he/she wished to be heard by the court on \_\_\_\_\_ at \_\_\_\_\_  a.m.  p.m. in department \_\_\_\_\_ located at:  
(DATE) (TIME) (DEPT.)  
 Riverside 4175 Main St., Riverside, CA 92501       Indio 46-200 Oasis St., Indio, CA 92201  
 Menifee 27401 Menifee Center Dr., Menifee CA 92584       Blythe 265 N. Broadway, Blythe, CA 92225

PETITIONER:	CASE NUMBER:
RESPONDENT:	

4. I asked the other party if they intended to appear at the hearing, and the other party responded: \_\_\_\_\_  
 \_\_\_\_\_
5. I asked the other party if they would be opposing the request, and the other party responded: \_\_\_\_\_  
 \_\_\_\_\_
6. I asked if the other party would file a written opposition, and the other party responded: \_\_\_\_\_

**B. SERVICE**

- Service of the documents requesting emergency orders has been completed. Proof of Service has been filed with the court.
- Service of the documents requesting emergency orders has not been completed because:
- I am requesting that service of the documents be waived by the court. *(Complete Section C)*
- Other: \_\_\_\_\_

**C. REQUEST TO WAIVE NOTICE AND SERVICE**

1.  I ask the court to waive  notice  service to all parties and their attorneys of the request for emergency order because: *(Choose the option(s) that are applicable)*

**a. Attempted Notice**

- I attempted in good faith to inform the opposing party but was unable to do so because:  
*(Describe efforts made to give notice)*
- \_\_\_\_\_
- \_\_\_\_\_

**b. Waiver of Notice and/or Service**

*Notice*

- Giving notice would frustrate the purpose of the order.
- Giving notice would result in immediate and irreparable harm to me or the children who may be affected by the requested order.
- Giving notice would result in immediate and irreparable damage to or loss of property.
- We agreed in advance that notice was not necessary.

*Service*

- There are extraordinary circumstances that imminent harm is likely if I serve (deliver) the documents to the other party before the hearing.

Provide the reasons why the court should waive  notice  service: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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

Date: \_\_\_\_\_

\_\_\_\_\_  
 (TYPE OR PRINT NAME OF  ATTORNEY  PARTY MAKING DECLARATION) ▶ \_\_\_\_\_ (SIGNATURE)



PETITIONER:    RESPONDENT:	FOR COURT USE ONLY    CASE NUMBER:
<b>FINDINGS AND ORDERS ON REQUEST FOR</b> <input type="checkbox"/> <b>EMERGENCY ORDERS</b> <input type="checkbox"/> <b>ORDER SHORTENING TIME</b>	

**THE COURT MAKES THE FOLLOWING FINDINGS:**

- The court finds that notice     was     was not    given under California Rules of Court, rules 5.151, 5.165 and 5.167.
- The court finds good cause to **waive notice** because:
  - giving notice would frustrate the purpose of the order. (Rule 5.165(b)(2)(A))
  - giving notice would result in immediate and irreparable harm to the applicant or the children who may be affected by the order sought. (Rule 5.165(b)(2)(B))
  - giving notice would result in immediate and irreparable damage or loss of property subject to disposition in the case. (Rule 5.165(b)(2)(C))
  - the parties agreed in advance that notice will not be necessary. (Rule 5.165(b)(2)(D))
  - the party made reasonable and good faith efforts to give notice to the other party and further efforts to give notice would probably be futile or unduly burdensome. (Rule 5.165(b)(2)(E))
- The court find good cause to **waive service** because (*emergency order only*):
  - there are extraordinary circumstances that imminent harm is likely if the applicant serves documents on the other party before the hearing.
  - Other: \_\_\_\_\_

**THE COURT MAKES THE FOLLOWING ORDERS:**

- The hearing on emergency order is confirmed for \_\_\_\_\_ at \_\_\_\_\_  a.m.     p.m. in department \_\_\_\_\_ .
- The request for emergency order is **granted** based on the submitted pleadings and a noticed hearing is set for \_\_\_\_\_ at \_\_\_\_\_  a.m.     p.m. in department \_\_\_\_\_ .
- The order shortening time is **granted**. Time for     service     hearing is shortened. Service must be on for before: \_\_\_\_\_ Set hearing on: \_\_\_\_\_
- The     request for emergency     order shortening time is **denied** and a noticed hearing is set for \_\_\_\_\_ at \_\_\_\_\_  a.m.     p.m. in department \_\_\_\_\_ .
- A Child Custody Recommending Counseling appointment shall be set prior to the noticed hearing.
- Other: \_\_\_\_\_

Date: \_\_\_\_\_

\_\_\_\_\_  
(JUDICIAL OFFICER)

ATTORNEY OR PARTY WITHOUT ATTORNEY ( <i>Name, State Bar Number and Address</i> )   TELEPHONE NO: _____ FAX NO. ( <i>Optional</i> ): _____ E-MAIL ADDRESS ( <i>Optional</i> ): _____ ATTORNEY FOR ( <i>Name</i> ): _____	FOR COURT USE ONLY       CASE NUMBER: _____
<input type="checkbox"/> PEOPLE OF THE STATE OF CALIFORNIA <input type="checkbox"/> PLAINTIFF/PETITIONER:  vs.  DEFENDANT/RESPONDENT: _____	
<b>REQUEST FOR AN INTERPRETER</b>	

**1. Case Type (*Please check applicable box*):**

- |                                                       |                                                                            |                                                          |
|-------------------------------------------------------|----------------------------------------------------------------------------|----------------------------------------------------------|
| <input type="checkbox"/> Criminal                     | <input type="checkbox"/> Traffic                                           | <input type="checkbox"/> Juvenile Delinquency            |
| <input type="checkbox"/> Juvenile Dependency          | <input type="checkbox"/> Mental Health                                     | <input type="checkbox"/> Child Support Case              |
| <input type="checkbox"/> Family Law Domestic Violence | <input type="checkbox"/> Elder Abuse                                       | <input type="checkbox"/> Civil Harassment                |
| <input type="checkbox"/> Unlawful Detainer            | <input type="checkbox"/> Termination of Parental Relationship – Family Law | <input type="checkbox"/> Guardianship or Conservatorship |
| <input type="checkbox"/> Other: _____                 |                                                                            |                                                          |

**2. Name of person needing an interpreter:** \_\_\_\_\_

- |                                    |                                          |                                             |
|------------------------------------|------------------------------------------|---------------------------------------------|
| <input type="checkbox"/> Defendant | <input type="checkbox"/> Plaintiff       | <input type="checkbox"/> Witness for: _____ |
| <input type="checkbox"/> Minor     | <input type="checkbox"/> Parent/Guardian | <input type="checkbox"/> Party on Case      |

Requested by:

- |                                            |                                         |                                                   |
|--------------------------------------------|-----------------------------------------|---------------------------------------------------|
| <input type="checkbox"/> District Attorney | <input type="checkbox"/> DPSS           | <input type="checkbox"/> Juvenile Defense Counsel |
| <input type="checkbox"/> DA Advocate       | <input type="checkbox"/> Probation      | <input type="checkbox"/> Party on Case            |
| <input type="checkbox"/> Defense Counsel   | <input type="checkbox"/> County Counsel | <input type="checkbox"/> Other: _____             |

**3. Date of Hearing:** \_\_\_\_\_ **Dept:** \_\_\_\_\_ **Estimate of time interpreter will be needed:** \_\_\_\_\_

- Half Day (*choose one*):  AM - 8 to 12  PM - 1 to 5  Full Day - 8 to 5  On-call - Any time  
 Estimated Length of Hearing (HRS/DAYS): \_\_\_\_\_

**4. Language being requested: (*A minimum of 48 hours needed for a Spanish and Sign Language Interpreter and 5 days for all other languages (Local Rule 1025).*)**

- |                                                                                                                                                     |                                            |                                                  |                                     |
|-----------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------|--------------------------------------------------|-------------------------------------|
| <input type="checkbox"/> Arabic                                                                                                                     | <input type="checkbox"/> German            | <input type="checkbox"/> Lao                     | <input type="checkbox"/> Russian    |
| <input type="checkbox"/> Armenian East                                                                                                              | <input type="checkbox"/> Hungarian         | <input type="checkbox"/> Mandarin/Chinese        | <input type="checkbox"/> Samoan     |
| <input type="checkbox"/> Armenian West                                                                                                              | <input type="checkbox"/> Indonesian        | <input type="checkbox"/> Portuguese              | <input type="checkbox"/> Spanish*   |
| <input type="checkbox"/> Cantonese                                                                                                                  | <input type="checkbox"/> Japanese          | <input type="checkbox"/> Punjabi                 | <input type="checkbox"/> Tagalog    |
| <input type="checkbox"/> Farsi                                                                                                                      | <input type="checkbox"/> Khmer (Cambodian) | <input type="checkbox"/> Q'anjob'al (K'anjob'al) | <input type="checkbox"/> Thai       |
| <input type="checkbox"/> French                                                                                                                     | <input type="checkbox"/> Korean            | <input type="checkbox"/> Romanian                | <input type="checkbox"/> Vietnamese |
| <input type="checkbox"/> Other: _____ (If requesting a language not listed above, please include country or region if known.) Country/Region: _____ |                                            |                                                  |                                     |

\* Requests for an assigned Spanish interpreter to trials lasting one day or more must be made in advance.

**If the above hearing date is continued or taken off calendar, please cancel the request with the Courtroom Assistant or Court Services Coordinator no less than 24 hours in advance. If the attorney cancels the request for an interpreter less than 24 hours in advance of the hearing date, the attorney who requested the interpreter shall pay the cost incurred by the court for the interpreter.**

**Note:** Please complete Judicial Council form MC-410 *Request for Accommodations by Persons with Disabilities and Response* if you need an American Sign Language interpreter.