ATTACHMENT JV-2000

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name and Address):	TELEPHONE NU	JMBER:	FOR COURT USE ONLY	
ATTORNEY FOR: (name):				
SUPERIOR COURT OF CALIFORNIA, COUNTY OF S	SANTA CLARA			
STREET ADDRESS: MAILING ADDRESS: 191 North First Street				
CITY AND ZIP CODE: San José, California 95113				
BRANCH NAME: Name of Child:				
Name of Grid.				
DECLARATION RE NOTICE OF EX PARTE APPLICATION (JUVENILE)		CASE NUMBER:		
			DEPT. NUMBER:	
I, the undersigned, declare:			1	
		_	_	
1. I am counsel social worker mother father minor Department of Family and Children counsel counsel				
Services ☐ probation officer or ☐ other <i>(exp</i>	lain)		in this juvenile matter.	
2. <u>Notice:</u> Pursuant to Juvenile Court Rules I ha	ve given notic	e of, and a	copy of this application for ex parte	
orders, to the following persons in the following	ing manner:			
Counsel or Party	<u>Date</u>	<u>Time</u>	Manner of Notice	
a.				
b.				
c.				
d.				
3. Responses: I have received the following responses; and have attached all responses:				
a.				
b.				
С.				
d.				
4. Due Diligence: With respect to any party who	o opposes the	petitioner's	request or whose position is now known	
at the time the request is submitted, I have described all efforts made to determine that party's position and/o				
to reach agreement: (you may attach addition	al pages if nec	essary)		
a.				
b.				
C.				

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NAME OF CHILD:	CASE NUMBER:
<u> </u>	uested.
e. Other:	
	f California the foregoing is true and correct, at AM PM.
Date:	Signature of Declarant