

ATTORNEY OR PARTY WITHOUT ATTORNEY (name, state bar number, and address): TELEPHONE NO.: _____ FAX NO. (optional): _____ E-MAIL ADDRESS: _____ ATTORNEY FOR (name) _____	FOR COURT USE ONLY
SUPERIOR COURT OF CALIFORNIA, COUNTY OF EL DORADO STREET ADDRESS: _____ MAILING ADDRESS: _____ CITY AND ZIP _____ CODE: BRANCH _____	
Declaration Regarding Notice of Application for Telephonic Appearance Hearing Date: _____ Time: _____ Dept.: _____	CASE NUMBER: _____

I, the undersigned, declare:

1. I gave notice of the ex parte Application for Telephonic Appearance:

- a. TO: Mother's attorney
 Father's attorney
 Guardian's attorney
 Child(ren)'s attorney
 County Counsel
 Other: _____

b. HOW AND WHEN (time and date):

- By a telephone call at _____ a.m. p.m. on _____
 By personally informing at _____ a.m. p.m. on _____
 By giving a copy of the Application and Declaration for Telephonic Appearance by:
 Personal delivery at _____ a.m. p.m. on _____
 Overnight mail/other overnight carrier, sent at _____ a.m. p.m. on _____
 Fax transmission at _____ a.m. p.m. on _____
 Other: _____

2. At the time of the notice I informed him/her that the application for ex parte orders contained requests for the following order: Request to appear by a telephone at my court hearing.

3. I have received the following responses: _____

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

Dated: _____

 (PRINT NAME)

 (SIGNATURE)