

**SUPERIOR COURT OF CALIFORNIA • COUNTY OF FRESNO**

FOR COURT USE ONLY

(559)457-

In the matter of (Name and address):

Age:

Date of Birth:

**EX PARTE APPLICATION AND ORDER TO CALENDAR OR ORDER WITHOUT A HEARING**

CASE NUMBER:

Ex parte application is made to calendar this matter as follows:

- 1.  Not presently set on calendar
- 2.  Now set on calendar as follows:
  - a. Date: \_\_\_\_\_ Time: \_\_\_\_\_ Dept.: \_\_\_\_\_
  - b. For (Specify): \_\_\_\_\_
- 3. Matter to be  taken off calendar  continued  reset  set as follows:
  - a. Date: \_\_\_\_\_ Time: \_\_\_\_\_ Dept.: \_\_\_\_\_
  - b. For (Specify): \_\_\_\_\_
  - c. Urgent  next day hearing (submit by 10:00 a.m. for next day)
- 4. Status of above-named person (Specify): \_\_\_\_\_ Petition filed (Date): \_\_\_\_\_
- 5. Basis for application
  - Reason for hearing (be specific): \_\_\_\_\_
  - Reason for urgent hearing (be specific): \_\_\_\_\_
  - Reason hearing not requested. Action required (be specific): \_\_\_\_\_

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- 6. Consent  is not required  is required and the following parties have been notified:
  - a.  Minor
  - b.  Parent
  - c.  Minor's attorney
  - d.  Parent's attorney
  - e.  District Attorney
  - f.  Probation Officer
  - g.  Social Worker
  - h.  Other (Specify): \_\_\_\_\_

- 7. The following parties  agree  disagree  don't know  not applicable
  - a.  Minor
  - b.  Parent
  - c.  Minor's attorney
  - d.  Parent's attorney
  - e.  District Attorney
  - f.  Probation Officer
  - g.  Social Worker
  - h.  Other (Specify): \_\_\_\_\_

Dated: \_\_\_\_\_

/S/

Signature of applicant

\_\_\_\_\_  
Title of applicant

\_\_\_\_\_  
Print name

**ORDER**

- 8. Having considered the foregoing application and good cause appearing.
- 9. IT IS ORDERED that the application is
  - a.  denied  granted  without hearing
  - b.  granted and the matter is  taken off calendar  continued  reset  set as follows:
    - (1) Date: \_\_\_\_\_ Time: \_\_\_\_\_ Dept.: \_\_\_\_\_
    - (2) For (Specify): \_\_\_\_\_
    - (3) Notice to be given
      - (a) Number of days: \_\_\_\_\_
      - (b)  Written  Oral
      - (c) By  Probation Officer  Social Worker  Clerk  Other (Specify): \_\_\_\_\_

Dated: \_\_\_\_\_

\_\_\_\_\_  
 Judge  Referee of the Superior Court