

ATTORNEY OR PARTY WITHOUT ATTORNEY <i>(Name, address and telephone #):</i>  STATE BAR NO: ATTORNEY FOR <i>(Name):</i>	<b>FOR COURT USE ONLY</b>
<b>MARIN COUNTY SUPERIOR COURT</b> 3501 Civic Center Drive P.O. Box 4988 San Rafael, CA 94913-4988	
IN THE MATTER OF THE PETITION OF:	
<b>EX PARTE MOTION AND ORDER</b>	CASE NUMBER:

The undersigned party / agency is requesting an ex parte order for:

- Permission to Travel   
  Vacate / Continue Hearing Date   
  Quash Protective Custody Warrant  
 Appointment of Counsel for: \_\_\_\_\_  
 Other: \_\_\_\_\_

The following facts are noted as a basis for requesting this order:

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

The following parties / attorneys / agencies have been notified of this request / motion for order:

\_\_\_\_\_                      \_\_\_\_\_  
 \_\_\_\_\_                      \_\_\_\_\_  
 \_\_\_\_\_                      \_\_\_\_\_

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

\_\_\_\_\_                                              \_\_\_\_\_  
*DATE*                                                      *REQUESTER'S SIGNATURE*

Upon review by the court, it is hereby ordered that the motion is:   
 Granted   
 Denied

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Set for further hearing on: \_\_\_\_\_

\_\_\_\_\_                                              \_\_\_\_\_  
*DATE*                                                      *JUDICIAL OFFICER'S SIGNATURE*

*Distribution:*