Name, Address, and Telephone Number Superior Court of California County of San Francisco 400 McAllister St. San Francisco, CA 94102 In the Matter of:	For court use only		
Application and Declaration for Ex Parte HearingHearing Date:Time:Dept:	Case #:		
I, the undersigned, declare: 1. I would like the Judge/Commissioner to order: □ Order Shortening time for Service and Hearing □ Emergency Order re: Placement □ Continuation of Hearing Date □ Other (please explain):			
2. This is an emergency because: (be specific)			
3. I need this order because: (be specific)			

4.	The parties to this action have not been involved in another Family, Probate, or Juvenile Court			
	Case. (If there has been another case, provide case number:)			
5.	☐ I have ☐ I have not	-	rt in the past, and the court has refused (in whole of If so, explain:	
6.	I would like the .	Sudge/Commissioner to enter the	ne following order in my favor:	
I de	clare under penalty	of perjury that the foregoing i	s true and correct.	
Dat	e		(Signature of Declarant)	