

ATTORNEY OR PARTY WITHOUT ATTORNEY (<i>Name & Address</i>): Telephone No.: _____ Fax No. (Optional): _____ E-Mail Address (Optional): _____ ATTORNEY FOR (<i>Name</i>): _____ Bar No: _____	FOR COURT USE ONLY
SUPERIOR COURT OF CALIFORNIA, COUNTY OF ORANGE JUSTICE CENTER: <input type="checkbox"/> Central - 700 Civic Center Dr. West, Santa Ana, CA 92701-4045 <input type="checkbox"/> Harbor-Newport Beach Facility-4601 Jamboree Rd., Newport Beach, CA 92660-2595 <input type="checkbox"/> North - 1275 N. Berkeley Ave., P. O. Box 5000, Fullerton, CA 92838-0500	
PLAINTIFF/PETITIONER: DEFENDANT/RESPONDENT:	
DECLARATION RE: NOTICE TEMPORARY RESTRAINING ORDER Civil Harassment, Workplace Violence, Transitional Housing, Postsecondary Educational Institution, Elder or Dependent Adult Abuse	CASE NUMBER: _____

On (date) _____ at (time) _____, I telephoned the other party(ies) (name) _____.

I said that on (date) _____ at (time) _____, I would ask the Court for a Temporary Restraining Order (describe order, e.g. "against violence")

For Elder or Dependent Adult Abuse only: I informed the respondent that a written response may be eFiled by going to the Court's website at: www.occourts.org.

I gave the location of the Courthouse as Dept. _____ at (address) _____

I have been unable to give notice to the person from whom protection is sought for the following reasons:

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

Date: _____

(TYPE OR PRINT NAME)

(SIGNATURE OF DECLARANT)