YOUR NAME

Street Address

City, State, Zip

Phone:

Fax Number: (if available)

Email: (if available)

YOUR NAME, Plaintiff (or Defendant)

In Pro Per

**SUPERIOR COURT OF THE STATE OF CALIFORNIA**

**FOR THE COUNTY OF SAN MATEO**

|  |  |  |
| --- | --- | --- |
| NAME OF PLAINTIFF(S),  Plaintiff(s),  vs.  NAME OF DEFENDANT(S),  Defendant(s). | )  )  )  )  )  )  )  )  )  )  )  )  )  )  )  ) | Case No.:  **ORDER GRANTING EX PARTE APPLICATION FOR…**    Date:  Time:  Judge:  Dept:  Action Filed:  Trial Date: |

IT IS HEREBY ORDERED THAT:

Plaintiff (or Defendant) shall

DATED:

|  |  |  |
| --- | --- | --- |
|  |  |  |
|  | JUDGE OF THE SUPERIOR COURT |  |