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  |  |