

PARTY WITHOUT ATTORNEY OR ATTORNEY: STATE BAR NUMBER: NAME: FIRM NAME: STREET ADDRESS: CITY: STATE: ZIP CODE: TELEPHONE NO.: FAX NO.: EMAIL ADDRESS: ATTORNEY FOR (name):	<b>FOR COURT USE ONLY</b>
<b>SUPERIOR COURT OF CALIFORNIA, COUNTY OF</b> STREET ADDRESS: MAILING ADDRESS: CITY AND ZIP CODE: BRANCH NAME:	
PLAINTIFF/PETITIONER: DEFENDANT/RESPONDENT:	
<b>DECLARATION REGARDING NOTICE AND SERVICE FOR EX PARTE APPLICATION FOR ORDER ON DEPOSIT ACCOUNT EXEMPTION</b>	CASE NUMBER:

This form must be filed any time an Ex Parte Application for Order on Deposit Account Exemption Application (form EJ-157) is filed.

1. I am (specify):  attorney for  original judgment creditor  assignee of record  judgment debtor
2. I  did  did not give notice that papers will be submitted to the court asking a judicial officer how and to which of judgment debtor's deposit accounts the exemption under Code of Civil Procedure section 704.220 should apply, and that the court will consider the request on the date, time, and location indicated below:

a. Date:	Time:	<input checked="" type="checkbox"/> Dept.:
b. Address of court: <input checked="" type="checkbox"/> same as noted above <input type="checkbox"/> other (specify):		

3. **NOTICE** (If you gave notice, complete item 3a. If you did not give notice, complete item 3b or 3c.)
  - a.  I gave notice as described in items (1) through (5):
    - (1) I gave notice to (select all that apply):
 

<input checked="" type="checkbox"/> judgment debtor.	<input type="checkbox"/> judgment debtor's attorney.
<input type="checkbox"/> judgment creditor (or assignee of record).	<input type="checkbox"/> judgment creditor's attorney (or assignee of record's attorney).
<input type="checkbox"/> Other (specify):	
    - (2) I gave notice on (date): \_\_\_\_\_ at: \_\_\_\_\_  a.m.  p.m., California.
 

<input type="checkbox"/> personally at (location):
<input type="checkbox"/> by telephone using telephone no.:
<input type="checkbox"/> by fax using fax no.:
<input type="checkbox"/> by voicemail using voicemail no.:
<input type="checkbox"/> by electronic means (if permitted) (specify electronic service address of person):
<input type="checkbox"/> by overnight mail or other overnight carrier (specify address of delivery):
    - (3) I gave notice (select one):
 

<input type="checkbox"/> by 10 a.m. the court day before this ex parte appearance.
<input checked="" type="checkbox"/> after 10 a.m. the court day before this ex parte appearance because of the following exceptional circumstances (specify):

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3. a. (4) I notified the person in 3a(1) that an order is being requested designating that the exemption under section 704.220 should be applied to the following accounts (*specify*):

(5) The person in 3a(1) responded as follows:

(6) I  do  do not believe that the person in 3a(1) will oppose the ex parte application.

b.  **Request for waiver of notice.** I did not give notice about the ex parte application. I ask that the court waive notice to the other party for the following reasons (*identify the exceptional circumstances*):

Attachment 3b.

c.  **Unable to provide notice.** I did not give notice about the ex parte application. I used my best efforts to tell the opposing party when and where this hearing would take place but was unable to do so. The efforts I made to inform the other person were (*specify below*):

Attachment 3c.

4.  **SERVICE OF FORMS**

a. An unfiled copy of *Ex Parte Application for Order on Deposit Account Exemption* (form EJ-157) and related documents were served on:

- |   |   |
|---|---|
| <input type="checkbox"/> judgment debtor.                           | <input type="checkbox"/> judgment debtor's attorney.                                      |
| <input type="checkbox"/> judgment creditor (or assignee of record). | <input type="checkbox"/> judgment creditor's attorney (or assignee of record's attorney). |
| <input type="checkbox"/> Other ( <i>specify</i> ):                  |   |

b. Documents were served on (*date*): \_\_\_\_\_ at: \_\_\_\_\_  a.m.  p.m., California.

personally at (*location*): \_\_\_\_\_

by fax using fax no.: \_\_\_\_\_

by electronic means (*if permitted*) (*specify electronic service address of person*): \_\_\_\_\_

by overnight mail or other overnight carrier (*specify address of delivery*): \_\_\_\_\_

c.  **Documents were not served on the opposing party** because of the exceptional circumstances specified in:  
 3b, above  3c, above  Attachment 4c.

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)