ATTORNEY <b>OR</b> PARTY WITHOUT ATTORNEY (NAME AND ADDRESS)	FOR COURT USE ONLY
·, ·, ·, ·,	
Telephone number: ()attorney for <i>(name):</i>	
SUPERIOR COURT OF THE STATE OF CALIFORNIA , COUNTY OF KINGS	
STREET ADDRESS: 1640 Kings County Drive	
MAILING ADDRESS: (same) CITY AND ZIP CODE: Hanford, CA 93230	
Petitioner:	_
Respondent:	CASE NUMBER:
PROOF OF NOTICE OF EX-PARTE HEARING FOR TEMPORARY RESTRAINING ORDERS AND CHILD CUSTODY	CASE NOMBER.
1. I am over the age of 18 and not a party to the within action.	
2. My address is:	,
2. My address is: (Street address)	(City) (State) (Zip code)
3. My telephone number is: ()	
4. a. On (date):/ / I notified:(Name	
that will (Name of proposed protected person)	I be asking the Court for the following:
	to horopo oto)
<ul> <li>Restraining orders (stay away, no contact, not</li> <li>Child custody/visitation orders</li> <li>Property control orders</li> </ul>	to fidiass, etc.)
Orders to (specify :)	
b. I informed him/her that a hearing is scheduled for:/(hearing d	
in the Kings Superior Court, Department number:, loca	ated at:
□ 1640 Kings County Drive, Hanford, Ca 93230	
c. By <b>personally</b> telling the proposed restrained person at:	
(Street address)	
(City), (State)	(Zip code)
d. By <b>telephonint</b> e proposed restrained person at the follow	
5. I declare under penalty of perjury under the laws of the State of C	
Date://	
(TYPE OR PRINT NAME)	(SIGNATURE OF DECLARANT)

PROOF OF NOTICE OF EX-PARTE HEARING FOR TEMPORARY RESTRAINING ORDERS AND CHILD CUSTODY Kings County Local Form Optional Use FL 5 (Rev. 11/1/16)