

**SUPERIOR COURT OF CALIFORNIA, COUNTY OF SAN JOAQUIN**

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**OPPOSITION TO EX PARTE APPLICATION FOR ACTION IN AN  
UNLAWFUL DETAINER DUE TO PUBLIC HEALTH AND SAFETY**

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**INSTRUCTIONS FOR OPPOSING A REQUEST FOR AN EXCEPTION**

1. Fill out page 2 of this form stating why you disagree with the statements made by the party making the request to the Court.
2. You or your attorney must serve and file or place your Opposition and proof of service in the drop box with the court within 5 days of personal service of the application or within 10 days if served by mail. This must be done **by 4 PM** on your due date.
3. If the application is granted, conformed copies of the order and forms will be mailed to the applicant or counsel once processed and the case will be initiated and/or summons issued. Service upon the defendant(s) will be required for the case to move forward.
4. If the application is denied, conformed copies of the order will be mailed to the applicant or their counsel. Applicant to provide copy to defendant(s).
5. If the court schedules the matter for a hearing, both parties will be mailed a Notice of Hearing.
6. If a hearing is scheduled, the matter may be heard telephonically and instructions on how to appear will be included in the Notice of Hearing.

ATTORNEY OR PARTY WITHOUT AN ATTORNEY (Name, State Bar number, and address): NAME: ADDRESS: CITY, STATE, ZIP:  TELEPHONE NO: FAX NO. (Optional): EMAIL ADDRESS (Optional): ATTORNEY FOR (Name):	<i>FOR COURT USE ONLY</i>
<b>SUPERIOR COURT OF CALIFORNIA COUNTY OF SAN JOAQUIN</b> <b>BRANCH:</b> <b>ADDRESS:</b>	
PLAINTIFF/PETITIONER: vs. DEFENDANT/RESPONDENT:	
<b>OPPOSITION TO EX PARTE APPLICATION FOR ACTION IN AN UNLAWFUL DETAINER DUE TO PUBLIC HEALTH AND SAFETY</b>	CASE NUMBER:

I/We disagree with the request made based on the grounds of a public health and safety threat (specify why):

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( ) Continued on attachment

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

Date:

\_\_\_\_\_ Printed name

\_\_\_\_\_ Signature