ATTORNEY OF PARTY WITHOUT ATTORNEY (Name and Address) Telephone Number	FOR COURT USE ONLY
ATTORNEY FOR (Name):	
SUPERIOR COURT OF CALIFORNIA, COUNTY OF VENTURA 800 SOUTH VICTORIA AVE. VENTURA, CA 93009	
PETITIONER: RESPONDENT: OTHER PARTY:	
DECLARATION REGARDING NOTICE AND SERVICE OF REQUEST TO RESCHEDULE HEARING (FAMILY LAW)	CASE NUMBER.: HEARING DATE: _____ TIME: _____ DEPARTMENT: _____

1. I, _____ (name) declare:

2. I gave notice that I will be submitting to Court (pick one):

   ☐ Request to Reschedule Hearing (FL-306)
   ☐ Request to Reschedule Hearing involving Temporary Emergency (*Ex Parte*) Orders (FL-307)

3. **NOTICE:** I gave notice as described in items "3.a." and "3.b." below:

a. I gave notice to:

   Name: _____
   ☐ Petitioner ☐ Respondent ☐ Petitioner's attorney ☐ Respondent's attorney
   ☐ Other party ☐ Other party's attorney

b. I gave notice on (date): _____ at (time): _____ ☐a.m. ☐p.m.
   ☐ personally at (location): _____ (*City, and State*)
   ☐ by telephone at telephone number: _____
   ☐ by fax at fax number: _____
   ☐ by voicemail at voicemail/telephone number: _____
   ☐ In writing *i.e., fax, mail, text message, e-mail [if permitted]* (specify how the writing was sent, the address it was sent to and attach a copy of the writing): _____
   ☐ other (specify): _____

4. **SERVICE OF DOCUMENTS:**

a. The following documents (*select all that apply*):

☐ Request to Reschedule Hearing (FL-306)
☐ Request to Reschedule Hearing involving Temporary Emergency (*Ex Parte*) Orders (FL-307)
☐ [Proposed] Order on Request to Reschedule Hearing (FL-309)
☐ [Blank] Responsive Declaration to Request to Reschedule Hearing (FL-310)
☐ Other documents (specify):_____

were served on the following person before the request was filed with the court:

Name: _____
☐ Petitioner ☐ Respondent ☐ Petitioner's attorney ☐ Respondent's attorney
☐ Other party ☐ Other party's attorney

b. Documents were served on (date): _____ at (time): _____ ☐a.m. ☐p.m.

☐ personally at (location): _____ (City, and State)
☐ by fax at fax number: _____
☐ by electronic means (if permitted) (specify electronic service address of person): _____
☐ by overnight mail or other overnight carrier (specify address of delivery): _____
☐ other (specify): _____

5. **OPPOSITION:**

a. I ☐ do ☐ do not expect the other party to oppose my request.

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

Dated:_____ _____
Signature of Declarant