Attorney or Party without Attorney	FOR COURT USE ONLY
Name:	
Street Address:	
Mailing Address:	
City and Zip Code:	
Telephone No: Fax No:	
Attorney for: (Name)	
SUPERIOR COURT OF CALIFORNIA,	
COUNTY OF MERCED	
STREET ADDRESS: <b>2260 N Street</b> MAILING ADDRESS: <b>627 W. 21<sup>ST</sup> Street</b>	
CITY AND ZIP CODE: Merced, CA 95340	
Branch Name: Family Law Division	
PETITIONER:	
RESPONDENT:	
CLAIMANT:	
EX PARTE REQUEST AND ORDER RE: DISQUALIFICATION OF CCRC OR EVALUA	Case Number: F
RE. DISQUALIFICATION OF CORC OR EVALUA	TION
1.) I am the  Petitioner Respondent Other:	in the action herein.
I move to disqualify (CCRC) or Evaluator in the matter herein for the following	to act as Child Custody Recommending Counselor reasons:
a.) Conflict of Interest. Please state all facts which suppor	t this claim. You may attach additional pages as needed.
b.) Other. Please state all facts which support this claim.	You may attach additional pages as needed.
Date:	PETITIONER/RESPONDENT/OTHER

ORDER	
The Court hereby:	
Denies the Order requested:  Grants the Order requested:	
It is so ordered.	
Dated:	
JUDGE/COMMISSIONER OF THE SUPERIOR COURT	
PROOF OF SERVICE BY MAIL	
On I served the above Ex-Parte Request and Order Re: Disqualification or CCRC or Evaluator by depositing a copy thereof, enclosed in a sealed envelope with postage prepaid, in the United States mail, to the following parties and/or their attorney of record at the following addresses:	
At the time of service, I was at least 18 years of age and not a party to the action.  My address is:	
I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct and this declaration is executed on in, California.	
Printed Name Signature	