

Attorney or Party without Attorney 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: 2260 N Street MAILING ADDRESS: 627 W. 21ST Street CITY AND ZIP CODE: Merced, CA 95340 Branch Name: Family Law Division	<i>FOR COURT USE ONLY</i>
PETITIONER: RESPONDENT: CLAIMANT:	
EX PARTE REQUEST AND ORDER RE: DISQUALIFICATION OF CCRC OR EVALUATOR	Case Number: _____

- 1.) I am the Petitioner Respondent Other: _____ in the action herein.
- 2.) I move to disqualify _____ to act as Child Custody Recommending Counselor (CCRC) or Evaluator in the matter herein for the following reasons:
- a.) Conflict of Interest. Please state all facts which support 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

EX-PARTE REQUEST AND ORDER RE: DISQUALIFICATION OF CCRC OR EVALUATOR

PETITIONER: RESPONDENT: CLAIMANT:	CASE NUMBER:
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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

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