

[Your Name/Law Firm]
[Your Address]
[City, State, Zip Code]
[Phone Number]
[Email Address]

[Date]

[Opposing Party Name or Counsel Name]
[Address]
[City, State, Zip Code]

RE: [Case Name/Caption]
Case Number: [Insert Case Number]

Dear [Name of Opposing Party or Counsel],

Please take notice that an ex parte application will be made by [Moving Party Name] in the above-entitled action. The hearing is scheduled as follows:

Date: [Date of Hearing]
Time: [Time of Hearing]
Department/Courtroom: [Department Number]
Judge: [Judge's Name]
Court Address: [Full Physical Address of Court]

The applicant seeks the following relief: [Briefly describe the orders being requested].

The application is based on the grounds that: [Briefly describe the emergency or basis for ex parte relief].

If you intend to oppose this application, you must appear at the time and place designated above or file a written response as permitted by local court rules.

Sincerely,

[Your Signature]
[Your Printed Name]