

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, State Bar number, and address): _____ _____ _____  TELEPHONE NO.: _____ FAX NO. (Optional): _____ E-MAIL ADDRESS (Optional): _____ ATTORNEY FOR (Name): _____	<b>FOR COURT USE ONLY</b>
<b>SUPERIOR COURT OF CALIFORNIA, COUNTY OF _____</b> STREET ADDRESS: _____ MAILING ADDRESS: _____ CITY AND ZIP CODE: _____ BRANCH NAME: _____	
PLAINTIFF: _____ DEFENDANT: _____	
<b>APPLICATION AND NOTICE OF APPLICATION AND HEARING FOR ORDER TO QUASH EX PARTE WRIT OF POSSESSION</b>	CASE NUMBER: _____ _____

TO PLAINTIFF\* (name): \_\_\_\_\_

1. **You are notified** that defendant (name): \_\_\_\_\_  
applies for (check all that apply):

- a. ☐ An order to quash the ex parte writ of possession issued on (date): \_\_\_\_\_ and an order releasing any levied property.
- b. ☐ Damages sustained by the defendant proximately caused by the levy of the writ of possession and the loss of possession of the property caused by the levy under Code of Civil Procedure section 512.020(b)(3)(iii).
- c. ☐ An order staying delivery of the property pending the court hearing.

2. A hearing will be held in this court, as follows:

a. Date: _____	Time: _____	<input type="checkbox"/> Dept.: _____	<input type="checkbox"/> Rm.: _____
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b. Address of court: ☐ same as noted above ☐ is (specify):

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

3. This application is made on the ground that the plaintiff is not entitled to a writ of possession. This application is supported by the  
☐ verified answer ☐ attached declaration or declarations and attached memorandum of points and authorities.

4. Number of pages attached: \_\_\_\_\_

Dated: \_\_\_\_\_

\_\_\_\_\_  
 (TYPE OR PRINT NAME OF DEFENDANT OR ATTORNEY)

\_\_\_\_\_  
 (SIGNATURE OF DEFENDANT OR ATTORNEY)

\* "Plaintiff" includes cross-complainant, and "defendant" includes cross-defendant.

