

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, state bar number, and address) : TELEPHONE NO.: _____ FAX NO.(Optional): _____ E-MAIL ADDRESS (Optional) : _____ ATTORNEY FOR (Name): _____	FOR COURT USE ONLY
SUPERIOR COURT OF CALIFORNIA, COUNTY _____ OF STREET ADDRESS: _____ MAILING ADDRESS: _____ CITY AND ZIP CODE: _____	
PETITIONER: RESPONDENT: CLAIMANT:	
EX-PARTE REQUEST AND ORDER RE: DISQUALIFICATION OF CHILD CUSTODY RECOMMENDING COUNSELOR	CASE NUMBER:

1) I am the Petitioner Respondent Other in the action herein.

2) I move to disqualify to act as Mediator 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.

Dated:

 Petitioner/Respondent/Other

ORDER:

The Court hereby:

Denies the Order requested.

Grants the Order requested.

Dated:

Judge of the Superior Court