

GOVERNMENTAL AGENCY (Under Family Code, §§ 17400 and 17406)  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: _____	
PETITIONER/PLAINTIFF: _____  RESPONDENT/DEFENDANT: _____  OTHER PARENT: _____	
<b>NOTICE OF MOTION</b> <input type="checkbox"/> <b>JUDGMENT</b> <input type="checkbox"/> <b>MODIFICATION</b> <input type="checkbox"/> <b>Child Support</b> <input type="checkbox"/> <b>Health Care</b> <input type="checkbox"/> <b>Injunctive Order</b> <input type="checkbox"/> <b>Other:</b> _____	CASE NUMBER: _____

1. TO (name): \_\_\_\_\_
2. **READ THE ATTACHED REQUEST FORM.** A hearing on the motion for the relief requested will be held as follows:

a. Date: _____	Time: _____	<input type="checkbox"/> Dept.: _____	<input type="checkbox"/> Rm.: _____
----------------	-------------	---------------------------------------	-------------------------------------

b. Address of court     same as noted above     other (specify): \_\_\_\_\_

3. Supporting attachments:

- |  |   |
|--|---|
| a. <input type="checkbox"/> Completed <i>Request for Order and Supporting Declaration</i> (form FL-684) and blank <i>Response</i> (form FL-685)<br><br>b. <input type="checkbox"/> Financial information and blank <i>Income and Expense Declaration</i> (form FL-150) | c. <input type="checkbox"/> Points and Authorities<br>d. <input type="checkbox"/> <i>Order for Genetic (Parentage) Testing</i> (form FL-627) (If you ignore this order, you may be found to be the parent.)<br>e. <input type="checkbox"/> Other (specify): _____ |
|--|---|

4.  NOTICE: IF YOU WISH TO HAVE A TRIAL, YOU MUST APPEAR AT THE HEARING ON THIS REQUEST.

Date: \_\_\_\_\_

_____ (TYPE OR PRINT NAME)	<div style="text-align: center;">▶</div> _____ (SIGNATURE OF ATTORNEY)
-------------------------------	---

**ORDER**

**IT IS ORDERED THAT**

5. Time for  service  hearing is shortened. Service must be on or before (date): \_\_\_\_\_
6. Any responsive declaration must be served on or before (date): \_\_\_\_\_
7.  Petitioner/Plaintiff     Respondent/Defendant     Other Parent  
 Is restrained from transferring, encumbering, hypothecating, concealing, or in any way disposing of the following property (describe): \_\_\_\_\_
8. Other (specify): \_\_\_\_\_
9. Number of pages attached: \_\_\_\_\_

Date: \_\_\_\_\_

	<div style="text-align: center;">▶</div> _____ (JUDICIAL OFFICER OF THE SUPERIOR COURT)
--	--

PETITIONER/PLAINTIFF:  RESPONDENT/DEFENDANT:  OTHER PARENT:	CASE NUMBER:
---	--------------

**NOTICE**

This case may be referred to a court commissioner for hearing. By law court commissioners do not have the authority to issue final orders and judgments in contested cases unless they are acting as temporary judges. The court commissioner in your case will act as a temporary judge unless, *before the hearing*, you or any other party objects to the commissioner acting as a temporary judge. The court commissioner may still hear your case to make findings and a recommended order. If you do not like the recommended order, you must object to it within 10 court days; otherwise, the recommended order will become a final order of the court. If you object to the recommended order, a judge will make a temporary order and set a new hearing.

Child support is based on your ability to pay, which may include your income, earning capacity, lifestyle, or presumed income set by statute. The amount of child support can be large and can continue until the children reach age 19. You should give the court information about your income and expenses. If you do not, the support order will be based on other information given to the court, or presumed income set by statute.

You do not have to pay any fee to file your *Response to Governmental Notice of Motion or Order to Show Cause (Governmental)* (FL-685) and your completed *Income and Expense Declaration* (FL-150) or *Financial Statement (Simplified)* (FL-155). *In the absence of an order shortening time*, you must file any documents with the court and mail copies (at least 10 calendar days before the hearing date) to the local child support agency at the following address:

**PROOF OF SERVICE BY MAIL**

1. I am at least 18 years of age, **not a party to this cause**, and a resident of or employed in the county where the mailing took place.
2. My residence or business address is:
3. I served a copy of this motion by enclosing it in a sealed envelope and depositing the envelope  directly in the United States mail with postage paid OR  at my place of business for same-day collection and mailing with the United States mail, following our ordinary business practices with which I am readily familiar.
  - a. Date of deposit:
  - b. Place of deposit (*city and state*):
  - c. Addressed as follows:

4. I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date:



\_\_\_\_\_  
(TYPE OR PRINT NAME)

\_\_\_\_\_  
(SIGNATURE OF PERSON COMPLETING THIS FORM)

ATTORNEY OR PARTY WITHOUT ATTORNEY ( <i>Name and Address</i> ):	Telephone No.:	<b>FOR COURT USE ONLY</b>
ATTORNEY FOR ( <i>Name</i> ):		
<b>NAME OF COURT:</b> STREET ADDRESS: MAILING ADDRESS: CITY AND ZIP CODE: BRANCH NAME:		
PETITIONER/PLAINTIFF: RESPONDENT/DEFENDANT:		
<b>DECLARATION TO SET ASIDE/VACATE PATERNITY</b>		CASE NUMBER

I (name) \_\_\_\_\_ am the  Previously established mother  Previously established father  
 Child  Legal representative  
of (name) \_\_\_\_\_.

I am requesting that the court order genetic testing, and if the testing shows that the previously established father is not the biological father of the child in this case, this is to request that the judgment of paternity be set aside, and that a judgment of non-paternity be entered. This motion is brought under Family Code Section 7646, and is timely under at least one of the following provisions:

\_\_\_\_\_ This motion is filed within two years of the date the previously established father first knew or should have known of a judgment establishing him as the father, or of the existence of an action to establish paternity of the child in this case, whichever occurred first. [ Family Code 7646(a)(1) ]

\_\_\_\_\_ Paternity was established by Voluntary Declaration of Paternity, and this motion is filed within two years of the date of birth of the child. [ Family Code 7646(a)(2) ]

\_\_\_\_\_ The paternity judgment was entered against the previously established father by default, and this motion is being filed within two years of the effective date of the paternity set aside legislation (AB 252, Chapter 849, Statutes of 2004.) [ Family Code 7646(a)(3) ]

The child in this case is not presumed to be the child of a marriage pursuant to Family Code Section 7540.

\_\_\_\_\_ I do not believe that the previously established father is the biological father of the child, \_\_\_\_\_, for the reasons which will be more fully set forth hereafter.

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date:

\_\_\_\_\_  
(TYPE OR PRINT NAME)



CONTINUED ON PAGE 2

(SIGNATURE OF DECLARANT)  
 Petitioner/Plaintiff  Respondent/Defendant  Attorney  
 Other (*specify*)

**DECLARATION**

PETITIONER/PLAINTIFF:  
RESPONDENT/DEFENDANT:

CASE NUMBER:

1. Child: \_\_\_\_\_ Age: \_\_\_\_\_ DOB: \_\_\_\_\_  
County of Residence: \_\_\_\_\_  
Residence Address: \_\_\_\_\_
2. Previously established father: \_\_\_\_\_  
County of Residence: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
or Date and Place of Death: \_\_\_\_\_
3. Previously established mother: \_\_\_\_\_  
County of Residence: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
or Date and Place of Death: \_\_\_\_\_
4. Biological Mother: \_\_\_\_\_  
County of Residence: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
or Date and Place of Death: \_\_\_\_\_
5. Biological Father: \_\_\_\_\_  
County of Residence: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
or Date and Place of Death: \_\_\_\_\_
6. Guardian of the Child (if any): \_\_\_\_\_  
County of Residence: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
or Date and Place of Death: \_\_\_\_\_
7. Person with Physical Custody of Child: \_\_\_\_\_  
Relationship to Child: \_\_\_\_\_  
County of Residence: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
or Date and Place of Death: \_\_\_\_\_
8. Guardian ad Litem of the Child (if any): \_\_\_\_\_  
County of Residence: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
or Date and Place of Death: \_\_\_\_\_
9. Date of Entry of Judgment of Paternity: \_\_\_\_\_  
[ Pursuant to FC 7648(b) ]

PETITIONER/PLAINTIFF:  
RESPONDENT/DEFENDANT:

CASE NUMBER:

I have set forth the required information with respect to the child, the previously established father, previously established mother, biological mother, biological father, guardian of the child (if any), the person having physical custody of the child and the guardian ad litem of the child (if any) to the extent such information is known to me. [ Family Code 7646(a)(2) ]

FACTS IN SUPPORT of this request are:

\_\_\_\_\_ The previously established father was never married to the mother.

\_\_\_\_\_ The previously established father was married to the mother, but they were not living together at the time the child was conceived.

\_\_\_\_\_ A Voluntary Declaration of Paternity was signed on \_\_\_\_\_.

\_\_\_\_\_ The child has never lived with the previously established father.

\_\_\_\_\_ The child lived with the previously established father from \_\_\_\_\_ to \_\_\_\_\_.

\_\_\_\_\_ The previously established father has never had a personal relationship with the child.

\_\_\_\_\_ The previously established father has not had a personal relationship with the child since \_\_\_\_\_.

\_\_\_\_\_ The previously established father's parental rights to the child were terminated on \_\_\_\_\_.

I further declare:

I do not believe that the previously established father is the biological father of the child because:

I request the true facts of parentage be determined by genetic testing, and that the previously established father be relieved of the duty to pay ongoing child support, and/or child support arrears for the above-named child.

I request that this motion be granted.

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date:

\_\_\_\_\_  
(TYPE OR PRINT NAME)

\_\_\_\_\_  
(SIGNATURE OF DECLARANT)

- Petitioner/Plaintiff     Respondent/Defendant     Attorney  
 Other (specify):

**DECLARATION**



## INFORMATION SHEET FOR PROOF OF SERVICE BY MAIL

Use these instructions to complete the *Proof of Service by Mail* (form FL-335).

A person at least 18 years of age or older must serve the documents. There are two ways to serve documents: (1) personal delivery and (2) by mail. See the *Proof of Personal Service* (form FL-330) if the documents are being personally served. The person who serves the documents must complete a proof of service form for the documents being served. **You cannot serve documents if you are a party to the action.**

### INSTRUCTIONS FOR THE PERSON WHO SERVES THE DOCUMENTS (TYPE OR PRINT IN BLACK INK)

You must complete a proof of service for each package of documents you serve. For example, if you serve the Respondent and the Other Parent, you must complete two proofs of service, one for the Respondent and one for the Other Parent.

*Complete the top section of the proof of service forms as follows:*

First box, left side: In this box print the name, address, and phone number of the person for whom you are serving the documents.

Second box, left side: Print the name of the county in which the legal action is filed and the court's address in this box. Use the same address for the court that is on the documents you are serving.

Third box, left side: Print the names of the Petitioner/Plaintiff, Respondent/Defendant, and Other Parent in this box. Use the same names listed on the documents you are serving.

First box, top of form, right side: Leave this box blank for the court's use.

Second box, right side: Print the case number in this box. This number is also stated on the documents you are serving.

**You cannot serve a temporary restraining order by mail. You must serve those documents by personal service.**

1. You are stating that you are at least 18 years old and that you are not a party to this action. You are also stating that you either live in or are employed in the county where the mailing took place.
2. Print your home or business address.
3. List the name of each document that you mailed (the exact names are listed on the bottoms of the forms).
  - a. Check this box if you put the documents in the regular U.S. mail.
  - b. Check this box if you put the documents in the mail at your place of employment.
4.
  - a. Print the name you put on the envelope containing the documents.
  - b. Print the address you put on the envelope containing the documents.
  - c. Write in the date that you put the envelope containing the documents in the mail.
  - d. Write in the city and state you were in when you mailed the envelope containing the documents.
5. You are stating under penalty of perjury that the information you have provided is true and correct.

**Print your name, fill in the date, and sign the form.**

*If you need additional assistance with this form, contact the Family Law Facilitator in your county.*