

PETITIONER: RESPONDENT: OTHER PARTY:	CASE NUMBER:
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6. I request that the court:
- a. order genetic testing and cancel (set aside) the voluntary declaration of parentage or paternity.
 - b. make a finding that the voluntary declaration of parentage or paternity is void (invalid).
7. Information about the voluntary declaration of parentage or paternity (*attach a copy if you have one*):
- a. Child's name: _____ Child's date of birth: _____
 - b. Names of the people who signed the voluntary declaration:
 - (1) _____
 - (2) _____
 - c. Date signed (*if known*): _____
 - d. Date filed with the Department of Child Support Services (*if known*): _____
8. Other cases involving the child (*check all that apply*):
- a. Divorce, legal separation, or nullity (*case number, if known*): _____
 - b. Parentage, custody, or child support (*case number, if known*): _____
 - c. Other (*case number, if known*): _____
 - d. The local child support agency is providing services for the child in (*specify county*): _____
9. A court order was entered based on the voluntary declaration of parentage or paternity on (*date*): _____, in case number (*specify*): _____
10. Reasons for my request.
- a. The voluntary declaration of parentage or paternity should be canceled (set aside) because of (*check all that apply*):
 - (1) Fraud (I was kept in ignorance of the true facts by another person.)
 - (2) Duress (I was threatened or mentally coerced into signing the declaration.)
 - (3) Material mistake of fact (I thought the facts were different from what they really are.)

The following reasons apply only to voluntary declarations filed before January 1, 2020, or if you did not sign the declaration.

 - (4) My mistake, inadvertence, surprise, or excusable neglect
 - (5) Other (*specify*): _____
 - b. The voluntary declaration of parentage or paternity is void (invalid) because (*specify*): _____
 - c. Explain the facts that support your request: _____

Contained in the attached declaration.

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

Date: _____

_____ _____
 (TYPE OR PRINT NAME) (SIGNATURE OF PARTY MAKING REQUEST)



Requests for Accommodations

Assistive listening systems, computer-assisted real-time captioning, or sign language interpreter services are available if you ask at least five days before the proceeding. Contact the clerk's office or go to www.courts.ca.gov/forms for *Request for Accommodations by Persons With Disabilities and Response* ([form MC-410](#)). (Civ. Code, § 54.8.)