

GOVERNMENTAL AGENCY (under Fam. Code, §§ 17400, 17406) or ATTORNEY OR PARTY WITHOUT ATTORNEY ( <i>Name, state bar number, and address</i> ):       TELEPHONE NO.: _____ FAX NO. ( <i>Optional</i> ): _____ E-MAIL ADDRESS ( <i>Optional</i> ): _____ ATTORNEY FOR ( <i>Name</i> ): _____	<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>ORDER AFTER HEARING ON MOTION TO SET ASIDE SUPPORT ORDER</b>	CASE NUMBER: _____

1. This proceeding was heard on (*date*): \_\_\_\_\_ at (*time*): \_\_\_\_\_ in Dept: \_\_\_\_\_ Room: \_\_\_\_\_  
 by Judge (*name*): \_\_\_\_\_  Temporary Judge

2. a.  Petitioner/plaintiff present  Attorney present (*name*): \_\_\_\_\_  
 b.  Respondent/defendant present  Attorney present (*name*): \_\_\_\_\_  
 c.  Other parent present  Attorney present (*name*): \_\_\_\_\_  
 d.  Governmental agency  By (*name*): \_\_\_\_\_

3. The support order filed (*date*): \_\_\_\_\_ ordering (*name*): \_\_\_\_\_  
 to pay support to (*name*): \_\_\_\_\_  
 a.  is not set aside  
 b.  is set aside on the following grounds (*specify*): \_\_\_\_\_

4. Other (*specify*): \_\_\_\_\_

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

Approved as conforming to court order:

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

\_\_\_\_\_  
 JUDICIAL OFFICER

SIGNATURE OF ATTORNEY FOR PETITIONER//PLAINTIFF  
 RESPONDENT/DEFENDANT  
 OTHER PARENT