

PARTY WITHOUT ATTORNEY OR ATTORNEY ( <i>name, state bar number, and address</i> ): NAME: _____ STATE BAR NO.: _____ FIRM NAME: _____ STREET ADDRESS: _____ CITY: _____ STATE: _____ ZIP CODE: _____ TELEPHONE NO.: _____ FAX NO.: _____ E-MAIL ADDRESS: _____ 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: _____ RESPONDENT: _____ OTHER: _____	
<b>RESPONSE TO UNIFORM SUPPORT PETITION</b>	CASE NUMBER: _____

**YOU MUST FILE THIS RESPONSE WITH THE COURT IF YOU WISH TO OPPOSE THE LAWSUIT.**

1.  **PARENTAGE**

a. I am the parent of the following children (*specify all children listed in the petition*):

- |     | <u>Child's name</u>  | <u>Date of birth</u> |
|-----|--|----------------------|
| (1) | <input type="checkbox"/> Yes <input type="checkbox"/> No                                     |                      |
| (2) | <input type="checkbox"/> Yes <input type="checkbox"/> No                                     |                      |
| (3) | <input type="checkbox"/> Yes <input type="checkbox"/> No                                     |                      |
| (4) | <input type="checkbox"/> Yes <input type="checkbox"/> No                                     |                      |
| (5) | <input type="checkbox"/> Yes <input type="checkbox"/> No                                     |                      |
| (6) | <input type="checkbox"/> Additional children are listed on a page attached to this response. |                      |

b.  A voluntary declaration of paternity has been signed by the parents and is attached.

2. I request that a genetic test to determine parentage be done for all children for whom I have checked a "No" box above.

3. **CHILD SUPPORT**

- a.  I agree to pay support as requested in this action.
- b.  I disagree with the support requested.  Attached is my completed *Income and Expense Declaration* (form FL-150) or *Financial Statement (Simplified)* (form FL-155). (NOTE: You can file this response without either of these forms.)

4. **OTHER ORDERS**

- a.  I agree to the other orders requested.
- b.  I disagree with the other requested orders as follows (*specify*):

5.  I request a court hearing.

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6. My address and telephone number for receipt of all notices and court dates until I file a change of address with the court and with the petitioner or petitioner's attorney and/or the local child support agency are as follows:

- Address:
- City and zip code:
- Home telephone:
- Work telephone:

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)
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**An adult *other than you* must complete the Proof of Service below and provide a copy of this response to the petitioner or petitioner's attorney and/or the local child support agency at the address listed on the summons.**

**PROOF OF SERVICE**

1. At the time of service I was at least 18 years of age and not a party to the legal action.
2. I served this response and any other forms filed with the response as follows (*check a. or b. below for each person served*):

- a.  **Personal service.** I personally delivered a copy of this response as follows:
 

<input type="checkbox"/> (1) Name of party or attorney served: (a) Address where delivered:  (b) Date of delivery: (c) Time of delivery:	<input type="checkbox"/> (2) Name of local child support agency served: (a) Address where delivered:  (b) Date of delivery: (c) Time of delivery:
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- b.  **Mail.** I deposited this response in the United States mail, in a sealed envelope with first-class postage fully prepaid, addressed as follows:
 

<input type="checkbox"/> (1) Name of party or attorney served: (a) Address:  (b) Date of mailing: (c) Time of mailing:	<input type="checkbox"/> (2) Name of local child support agency served: (a) Address:  (b) Date of mailing: (c) Time of mailing:
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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 WHO SERVED RESPONSE)
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**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 object to the commissioner acting as a temporary judge. The court commissioner may still hear your case to make findings and recommendations to a judge. However, if you object to the commissioner acting as a temporary judge, an order will not be made until a judge reviews your case.**

## INFORMATION SHEET FOR RESPONSE TO UNIFORM SUPPORT PETITION

(Do NOT deliver this Information Sheet to the court clerk.)

Please follow these instructions to complete the *Response to Uniform Support Petition* (form FL-520) if you do not have an attorney to represent you. Your attorney, if you have one, should complete this form.

You must file the completed response and attachments with the court clerk within 30 days of the date you received the *Uniform Support Petition* (form OMB 0970-0085). The address of the court clerk is the same as the one shown for the superior court on the summons. You may have to pay a filing fee. If you cannot afford to pay the filing fee, contact the court clerk. **Keep two copies of the filed response form and its attachments. Serve one copy on the petitioner or petitioner's attorney and/or the local child support agency and keep the other copy for your records. (See *Information Sheet for Service of Process*, form FL-611.)**

### INSTRUCTIONS FOR COMPLETING THE RESPONSE FORM (YOU CAN COMPLETE THE FORM ON A COMPUTER, BY TYPING, OR BY PRINTING IN INK):

**Front page, first box, top of form, left side:** Print your name, address, and telephone number in this box if it is not already there.

**Item 1:** If you are responding to a question of paternity, check the "parentage" box.

- a. For each child listed on the response form, you must check the "yes" box if you agree that you are that child's parent or check the "no" box if you do not think or you are not sure whether you are that child's parent. You must write in the name of each child listed in the *Uniform Support Petition* if your response form does not include the names of any children.
- b. If you and the other parent have signed a voluntary declaration of paternity you should attach it to this form and check this box.

**Item 2:** If the local child support agency filed the *Uniform Support Petition*, the local child support agency will tell you when and where to go for the genetic test. The local child support agency's office will pay for the cost of the test, but if the court decides that you are the parent, you may have to repay this cost to the local child support agency.

**Item 3:** a. Check this box if you agree to pay the support asked for in the *Uniform Support Petition* that you received.  
b. If you disagree with the support asked for in the *Uniform Support Petition*, you should check this box. If you have documents that prove your reasons for disagreeing with the request in the *Uniform Support Petition*, you should attach documents to this form.

**Item 4:** a. Check this box if you agree to the other orders requested in the *Uniform Support Petition* that you received.  
b. If you disagree with the orders requested in the *Uniform Support Petition*, you should check this box.

**Item 5:** Check this box if you want a court hearing. The petitioner or the local child support agency may also schedule a hearing whether or not you have checked this box.

**Item 6:** You must list your address and phone numbers where you can receive all notices and court dates. You must let the court know whenever your address changes. You may not receive important notices that affect you if the court does not have your current address.

You must date the response form, print your name, and sign the form under a penalty of perjury. When you sign the response form, you are stating that the information you have provided is true and correct.

Instructions for how to complete the Proof of Service section of the response form are in the *Information Sheet for Service of Process* (form FL-611). The person who serves the response and its attachments must fill out this section of the form.

**You cannot serve your own response.**

*If you need assistance with this form, contact an attorney or the family law facilitator in your county. The family law facilitator can give you free help with this form.*