

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, State Bar number, and address): OR GOVERNMENTAL AGENCY (under Family Code, §§ 17400 and 17406)	FOR COURT USE ONLY
TELEPHONE NO. (Optional): _____ FAX NO. (Optional): _____ E-MAIL ADDRESS (Optional): _____ ATTORNEY FOR (Name): _____	
NAME OF COURT, JUDICIAL DISTRICT, AND BRANCH COURT, IF ANY:	
PLAINTIFF/PETITIONER: DEFENDANT/RESPONDENT: OTHER PARENT:	
NOTICE AND ACKNOWLEDGMENT OF RECEIPT (Governmental)	CASE NUMBER:

To (name of person served):

NOTICE

The documents described below are being served on you by mail with this acknowledgment form. If you are being served on behalf of a corporation, an unincorporated association (including a partnership), or other entity, you must sign this acknowledgment in the name of the entity or a person authorized to receive service of process on behalf of the entity must sign the form to acknowledge receipt of the documents. In all other cases, you must personally sign, or a person authorized by you must sign this form to acknowledge receipt of the documents.

If the documents described below include a *Summons* and you fail to complete and return this acknowledgment form to the sender within 20 days of the date of mailing, you will be liable for the reasonable expenses incurred after that date in serving you or in attempting to serve you by any other methods permitted by law. If you return this form to the sender, service of a *Summons* is deemed complete on the date you sign the acknowledgment of receipt below.

Date of mailing:

_____ ▶ _____
 (TYPE OR PRINT NAME) (SIGNATURE OF SENDER)

ACKNOWLEDGMENT OF RECEIPT

I agree I received the following (to be completed by sender before mailing):

1. A copy of the *Summons and Complaint* (form FL-600) and proposed *Judgment Regarding Parental Obligations* (form FL-630) and a blank *Answer to Complaint or Supplemental/Amended Complaint Regarding Parental Obligations* (form FL-610).
2. A copy of the *Summons* with standard restraining orders, and
 - (a) an *Order to Show Cause* (form FL-300) and a blank *Responsive Declaration to Order to Show Cause or Notice of Motion* (form FL-320)
 - (b) a completed and a blank *Income and Expense Declaration* (form FL-150).
3. Other documents (specify):

(To be completed by recipient):

Date this acknowledgment is signed:

_____ ▶ _____
 (TYPE OR PRINT NAME) (SIGNATURE OF PERSON ACKNOWLEDGING RECEIPT)

- | | |
|-----------------------------------------------|---------------------------------------------|
| <input type="checkbox"/> Petitioner/Plaintiff | <input type="checkbox"/> Attorney of Record |
| <input type="checkbox"/> Respondent/Defendant | <input type="checkbox"/> Other (specify): |
| <input type="checkbox"/> Other parent | |