

ATTORNEY OR PARTY WITHOUT ATTORNEY OR GOVERNMENTAL AGENCY (under Family Code §§ 17400, 17406) <i>(Name and Address):</i> TELEPHONE NO.: _____ FAX NO.: _____ ATTORNEY FOR <i>(Name):</i> _____	FOR COURT USE ONLY
SUPERIOR COURT OF CALIFORNIA, COUNTY OF STREET ADDRESS: MAILING ADDRESS: CITY AND ZIP CODE: BRANCH NAME:	
PETITIONER/PLAINTIFF: RESPONDENT/DEFENDANT: OTHER PARENT:	
NOTICE OF MOTION FOR JUDICIAL REVIEW OF LICENSE DENIAL	CASE NUMBER: _____

See reverse for instructions.

1. On *(date)*: _____ the local child support agency of *(specify county)*: _____ denied a release form that would enable me to obtain the following license *(specify)*: _____

Name and address of licensing agency: _____

2. I seek a judicial review of the local child support agency's denial on the following grounds *(check all that apply)*:

- a. There is no order for me to pay child support in this action.
- b. I am not the person ordered to pay child support in this action.
- c. I am in compliance with the order to pay child support in this action.
- d. I am in compliance with payments on the schedule for payment of arrearages or reimbursement.
- e. Other *(specify)*: _____

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)

3. A hearing on this motion will be held as follows:

Date:	Time:	Room:
Address:		

PETITIONER/PLAINTIFF: RESPONDENT/DEFENDANT: OTHER PARENT:	CASE NUMBER:
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This motion should be filed with a hearing scheduled *as soon as possible* after your local child support agency review.

INSTRUCTIONS

1. Complete the application on the reverse. Contact the clerk of the court for a hearing date, time, and place. Insert the information in box 3 on the reverse.
2. File the original *Notice of Motion for Judicial Review of License Denial* (form FL-670) with the court and keep two copies, because you will need them later.
3. Serve a copy of this form on the local child support agency which has certified your name for nonpayment of child support not later than seven days after the filing in court. Service of the papers may be made by (a) personal delivery OR (b) mailing the papers by first-class mail, postage prepaid, to the last known address of the other party. Anyone at least 18 years of age EXCEPT A PARTY may personally serve or mail the papers. Be sure whoever serves the papers fills out and signs the proof of service below.

PROOF OF SERVICE

4. At the time of service I was at least 18 years of age and not a party to this legal proceeding.
5. I served a copy of the *Notice of Motion for Judicial Review of License Denial* (form FL-670) in the manner shown below.
6. Manner of service on **LOCAL CHILD SUPPORT AGENCY**
 - a. **Personal service.** I personally delivered these papers to the local child support agency as follows:
 - (1) Local child support agency (*name*):
 - (2) Address where served:
 - (3) Date delivered:
 - (4) Time delivered:
 - b. **First-class mail.** I deposited these papers with the United States Postal Service, in a sealed envelope with postage fully prepaid. I am a resident of or employed in the county where the notice was mailed. The envelope was addressed and mailed as follows:
 - (1) Local child support agency (*name*):
 - (2) Address on envelope:
 - (3) Date mailed:
 - (4) Place of mailing (*city, state*):

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 THE NOTICE)