

ATTORNEY OR PARTY WITHOUT ATTORNEY ( <i>Name, State Bar number, and address</i> ):  <hr style="width: 10%; margin-left: 0;"/>  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>RESPONSE TO GOVERNMENTAL NOTICE OF MOTION OR ORDER TO SHOW CAUSE</b>	
HEARING DATE: _____ TIME: _____ DEPT., ROOM, OR DIVISION: _____	CASE NUMBER: _____

1.  **PARENTAGE**  
 I  do  do not admit that I am the parent of all of the children.  
 I admit that I am the parent of all of the children except (*specify*):

2.  **CHILD SUPPORT**  
 a.  I consent to the order requested.  
 b.  I request the following child support order:

3.  **HEALTH INSURANCE COVERAGE**  
 a.  I consent to the order requested.  
 b.  I request the following health insurance coverage order:

4.  **FEES AND COSTS**  
 I  do  do not consent to the order requested.

5.  **PROPERTY RESTRAINT**  
 I  do  do not consent to the order requested.

6.  **OTHER**  
 I  do  do not consent to the other orders requested.


PETITIONER/PLAINTIFF: RESPONDENT/DEFENDANT: OTHER PARENT:	CASE NUMBER:
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7.  **FACTS IN SUPPORT** of this response are:

contained in an attached declaration.

I declare under penalty of perjury under the laws of the State of California that the foregoing and all attachments are true and correct.

Date:

\_\_\_\_\_  \_\_\_\_\_

(TYPE OR PRINT NAME) (SIGNATURE OF DECLARANT)

**PROOF OF SERVICE BY MAIL**


- 1. I am at least 18 years of age, not a party to this cause, and a resident of or employed in the county where the mailing took place.
- 2. My residence or business address is *(specify)*:

- 3. I served a copy of this response by enclosing it in a sealed envelope with postage fully prepaid and depositing it in the U.S. mail as follows:
  - (a) Date of deposit: \_\_\_\_\_
  - (b) Place of deposit *(city and state)*: \_\_\_\_\_
  - (c) Addressed as follows: \_\_\_\_\_

4. I served this *Response*, which included an address verification declaration (*Declaration Regarding Address Verification—Postjudgment Request to Modify a Child Custody, Visitation, or Child Support Order* (form FL-334) may be used for this purpose.)

5. 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)