

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, State Bar number, and address):	FOR COURT USE ONLY
TELEPHONE NO.: E-MAIL ADDRESS (Optional): ATTORNEY FOR (Name):	
<b>SUPERIOR COURT OF CALIFORNIA, COUNTY OF</b> STREET ADDRESS: MAILING ADDRESS: CITY AND ZIP CODE: BRANCH NAME:	
CASE NAME:	
<b>PARENTAGE INQUIRY—JUVENILE</b>	CASE NUMBER:

TO: Local child support agency (*name*):  
(*Address*):

(*Fax number*):

1. A petition regarding the children named below has been filed in juvenile court. The issue of parentage has been raised and is not resolved. Please inquire whether or not parentage has been previously declared by a superior court order or judgment.

2. Child's name                                  Age                                  Date of birth                                  Sex

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

JUDICIAL OFFICER

**TO BE RETURNED WITHIN 25 JUDICIAL DAYS FROM DATE OF INQUIRY**

3. The following information is available:

<u>Child's name</u>	<u>Name of parent</u>	<u>Date of order</u>	<u>Case number</u>	No order determining parentage
<input type="checkbox"/>				
<input type="checkbox"/>				
<input type="checkbox"/>				
<input type="checkbox"/>				

Certified copies of court orders are attached. Number of pages attached: \_\_\_\_\_.

4.  Parentage was established by voluntary declaration on (*date*):

Date:

Local child support agency staff \_\_\_\_\_  
(NAME AND TITLE)