

ATTORNEY OR PARTY WITHOUT ATTORNEY OR GOVERNMENTAL AGENCY (under Family Code, §§ 17400 and 17406) (Name, State Bar number, and address): TELEPHONE NO.: _____ FAX NO. (Optional): _____ E-MAIL ADDRESS (Optional): _____ ATTORNEY FOR (Name): _____	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:	
ORDER AFTER HEARING ON MOTION TO SET ASIDE VOLUNTARY DECLARATION OF PATERNITY	CASE NUMBER:

1. This proceeding was heard on (date): _____ in Dept.: _____ Room: _____
 by (judicial officer): _____
2. a. Petitioner/plaintiff present Attorney present (name): _____
 b. Respondent/defendant present Attorney present (name): _____
 c. Other parent present Attorney present (name): _____
 d. Attorney for local child support agency present (name): _____
 e. Other (specify): _____
3. The voluntary declaration of paternity filed on (date): _____ regarding (child's name): _____
 a. is not set aside.
 b. is set aside on the following grounds (specify): _____
4. The parties are ordered to complete genetic testing by (date): _____
5. Genetic testing must be coordinated by the local child support agency.
 a. Petitioner Respondent Other parent Other (specify): _____
 and the minor child must each submit to genetic testing as directed by the local child support agency.
 b. Petitioner Respondent Other parent Other (specify): _____
 must advance the costs of the genetic testing.
 c. Petitioner Respondent Other parent Other (specify): _____
 must reimburse the local child support agency for genetic testing costs of: \$ _____
6. A further hearing regarding the results of genetic testing is set for (date): _____
7. a. All orders regarding child support, custody, or visitation will continue until the date of the next hearing or further order.
 b. Orders are modified as follows (specify): _____
8. If the voluntary declaration of paternity is set aside, the court clerk must send a copy of this order to the California Department of Child Support Services (specify address): _____
9. Other (specify): _____

Date: _____

_____ JUDICIAL OFFICER

Approved as conforming to court order:
 Date: _____

(TYPE OR PRINT NAME)

SIGNATURE OF ATTORNEY FOR PETITIONER/PLAINTIFF
 RESPONDENT/ DEFENDANT OTHER PARENT