

ATTORNEY OR PARTY WITHOUT ATTORNEY OR GOVERNMENTAL AGENCY <i>(Name, State Bar number, and address):</i>    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>REQUEST FOR HEARING AND APPLICATION TO SET ASIDE SUPPORT ORDER UNDER FAMILY CODE SECTION 3691</b>	CASE NUMBER: _____

1. To  petitioner *(specify name):*  respondent *(specify name):*  
 local child support agency  other parent *(specify name):*  
 other *(specify):*

A hearing on this application will be held as follows:

a. Date:	Time:	Dept.:	Div.:	Room:
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- b. The address of the court where the hearing will be held is  same as above  other *(specify):*

2. An order was entered in this case on *(date):* \_\_\_\_\_ requiring  petitioner *(specify name):*  
 respondent *(specify name):*  other parent *(specify name):*  
 to pay support. I request that the order be set aside.

3. Grounds for this request are *(check all that apply):*  
 a.  Fraud  
 b.  Perjury  
 c.  Lack of notice

4.  I have complied with the time limits for filing this request to set aside the order *(check one):*  
 a.  Request brought within six months after the date I discovered or reasonably should have discovered the fraud.  
 b.  Request brought within six months after the date I discovered or reasonably should have discovered the perjury.  
 c.  Request brought within six months after the date:  
     (1)  I obtained or reasonably should have obtained notice of the support order **or**  
     (2)  my income and assets were subject to attachment under the support order.

PETITIONER/PLAINTIFF: RESPONDENT/DEFENDANT: OTHER PARENT:	CASE NUMBER:
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5.  FACTS IN SUPPORT of relief requested are (*specify*):

Contained in the attached declaration.

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)

**NOTICE FOR CASES INVOLVING A LOCAL CHILD SUPPORT AGENCY**

This case may be referred to a court commissioner for hearing. By law, court commissioners do not have the authority to issue final orders and judgments in contested cases unless they are acting as temporary judges. The court commissioner in your case will act as a temporary judge unless, *before the hearing*, you or any other party objects to the commissioner acting as a temporary judge. The court commissioner may still hear your case to make findings and a recommended order. If you do not like the recommended order, you must object to it within 10 court days; otherwise, the recommended order will become a final order of the court. If you object to the recommended order, a judge will make a temporary order and set a new hearing.



**Request for Accommodations**

Assistive listening systems, computer-assisted real-time captioning, or sign language interpreter services are available if you ask at least five days before the proceeding. Contact the clerk's office or go to [www.courtinfo.ca.gov/forms](http://www.courtinfo.ca.gov/forms) for *Request for Accommodations by Persons With Disabilities and Response* (form MC-410). (Civil Code, § 54.8)