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|---|---------------------------|
| GOVERNMENTAL AGENCY (under Family Code, §§ 17400, 17406) or ATTORNEY OR PARTY WITHOUT ATTORNEY ( <i>Name, State bar number, and address</i> ):<br><br><hr/> <p style="text-align: center;">TELEPHONE NO.: _____ FAX NO.: _____</p> E-MAIL ADDRESS ( <i>Optional</i> ): _____<br>ATTORNEY FOR ( <i>Name</i> ): _____ | <b>FOR COURT USE ONLY</b> |
| <b>SUPERIOR COURT OF CALIFORNIA, COUNTY OF _____</b><br>STREET ADDRESS:<br>MAILING ADDRESS:<br>CITY AND ZIP CODE:<br>BRANCH NAME:   |                           |
| PETITIONER:<br><br>RESPONDENT:<br><br>OTHER:  |                           |
| <b>ORDER TO SHOW CAUSE (UIFSA) FOR</b> <input type="checkbox"/> <b>MODIFICATION</b><br><input type="checkbox"/> <b>Child Support</b> <input type="checkbox"/> <b>Spousal Support</b> <input type="checkbox"/> <b>Parentage</b><br><input type="checkbox"/> <b>Other (<i>specify</i>):</b>                           | CASE NUMBER:              |

1. TO (*name*):
2. YOU ARE ORDERED TO APPEAR IN THIS COURT AS FOLLOWS TO GIVE ANY LEGAL REASON WHY THE ORDERS ASKED FOR IN THE ATTACHED DOCUMENTS SHOULD NOT BE GRANTED.

|          |       |                                 |                               |
|----------|-------|---------------------------------|-------------------------------|
| a. Date: | Time: | <input type="checkbox"/> Dept.: | <input type="checkbox"/> Rm.: |
|----------|-------|---------------------------------|-------------------------------|

b. Address of court  same as noted above  other (*specify*):

3. IT IS FURTHER ORDERED that a blank  *Responsive Declaration* (FL-320)  *Response to Uniform Support Petition* (FL-520) and the following documents must be served with this order:
  - a.  *Uniform Support Petition and General Testimony* (FL-500)
  - b.  A blank *Income and Expense Declaration* (FL-150) or *Financial Statement (Simplified)* (FL-155)
  - c.  *Affidavit in Support of Establishing Paternity* (FL-525/OMB 0970-0085)
  - d.  Copy of existing support order from (*specify*):
  - e.  Other (*specify*):

4. a.  Time for  service  hearing is shortened. Service must be on or before (*date*):  
Any responsive declaration must be served on or before (*date*):
- b.  You are ordered to comply with the temporary orders attached.
- c.  Other (*specify*):

Date:

\_\_\_\_\_  
JUDICIAL OFFICER

**NOTICE: If you have children from this relationship, the court is required to order payment of child support based on the income of both parents. You should supply the court with information about your income. Otherwise, the child support order will be based on the information supplied by the other parent.**

**You do not have to pay any fee to file responsive declarations in response to this *Order to Show Cause (UIFSA)*, including a completed *Income and Expense Declaration* (FL-150) or *Financial Statement (Simplified)* (FL-155) that will show your income. In the absence of an order shortening time, the original of the responsive declaration must be filed with the court and a copy served on the other party at least ten calendar days before the hearing date.**