

ATTORNEY OR PARTY WITHOUT ATTORNEY <i>(Name and Address)</i> : TELEPHONE NO.: _____ FAX NO. <i>(Optional)</i> : _____ E-MAIL ADDRESS <i>(Optional)</i> : _____ ATTORNEY FOR <i>(Name)</i> : _____	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:	
RESPONSE TO GOVERNMENTAL NOTICE OF MOTION OR ORDER TO SHOW CAUSE	
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 in item 6.

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 is true and correct.

Date:

 (TYPE OR PRINT NAME)

 (SIGNATURE OF DECLARANT)

PETITIONER/PLAINTIFF: RESPONDENT/DEFENDANT: OTHER PARENT:	CASE NUMBER:
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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 United States mail as follows:
 - (1) Date of deposit:
 - (2) Place of deposit *(city and state)*:
 - (3) Addressed as follows:

4. 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)

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(SIGNATURE OF DECLARANT)