GOVERNMENTAL AGENCY (under Family Code, §§ 1740 and 17406):	TELEPHONE NO.:	*FOR COURT USE ONLY*

TELEPHONE NO.:   FAX NO.:

ATTORNEY FOR *(Name):*

SUPERIOR COURT OF CALIFORNIA, COUNTY OF

STREET ADDRESS:

MAILING ADDRESS:

CITY AND ZIP CODE:

BRANCH NAME:

PETITIONER/PLAINTIFF:

RESPONDENT/DEFENDANT:

OTHER PARENT:

DECLARATION FOR DEFAULT OR UNCONTESTED JUDGMENT **(Governmental)**	CASE NUMBER:

1. I declare that if I appeared in court and were sworn, I would testify to the truth of the facts in this declaration.

2. Proof will be by this declaration and I will not appear before the court unless I am ordered by the court to do so.

3. All the information in the complaint is true and correct according to the records maintained by the local child support agency under the Social Security Act.

4. The default of the respondent/defendant was entered or is being requested and the petitioner/plaintiff is only seeking the relief requested in the complaint as originally filed or amended.

5. **SUPPORT** *(If a support order is requested, attach support information. Include the best estimate of the defendant's income.)*

   ☐ Child support   ☐ Health Insurance   should be ordered as set forth in the proposed Judgment (Governmental).

6. **PUBLIC ASSISTANCE**   The children ☐ are receiving ☐ are applying for ☐ formerly received ☐ are neither receiving nor applying for public assistance.

7. Any support ordered should be payable to *(specify):*

8. ☐ Other *(specify):*

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)

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Form Adopted for Mandatory Use
Judicial Council of California
FL-697 [Rev. January 1, 2003]

DECLARATION FOR DEFAULT OR UNCONTESTED JUDGMENT
(Governmental)

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