

ATTORNEY OR PARTY WITHOUT ATTORNEY ( <i>Name, State Bar number, and address</i> ):  _____		<b>FOR COURT USE ONLY</b>
TELEPHONE NO.: _____		
FAX NO. ( <i>Optional</i> ): _____		
E-MAIL ADDRESS ( <i>Optional</i> ): _____		
ATTORNEY FOR ( <i>Name</i> ): _____		
<b>SUPERIOR COURT OF CALIFORNIA, COUNTY OF</b>		
STREET ADDRESS: _____		
MAILING ADDRESS: _____		
CITY AND ZIP CODE: _____		
BRANCH NAME: _____		
CASE NAME: _____		
<b>PARENTAGE INQUIRY—JUVENILE</b>		CASE NUMBER: _____

TO: Local child support agency (*name*):  
(*Address*):

*(Fax number):*

1. A petition regarding the children named below has been filed in juvenile court. The issue of parentage has been raised and is not resolved. Please inquire whether or not parentage has been previously declared by a superior court order or judgment.

2. Child's name

Age

Date of birth

### Sex

Date:

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JUDICIAL OFFICER

**TO BE RETURNED WITHIN 25 JUDICIAL DAYS FROM DATE OF INQUIRY**

3. The following information is available:

Child's name

Name of parent

Date of order

Case  
number

No order  
determining  
parentage



Certified copies of court orders are attached. Number of pages attached: \_\_\_\_\_.

4.  Parentage was established by voluntary declaration on (date):

Date:

Local child support agency staff \_\_\_\_\_  
(NAME AND TITLE)