

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, State Bar number, and address): 		FOR COURT USE ONLY
TELEPHONE NO.: FAX NO. (Optional):		
E-MAIL ADDRESS (Optional):		
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:		
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.

PETITIONER/PLAINTIFF: RESPONDENT/DEFENDANT: OTHER PARENT:	CASE NUMBER:
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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 and all attachments are true and correct.

Date:



(TYPE OR PRINT NAME)

(SIGNATURE OF DECLARANT)

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 U.S. mail as follows:

(a) Date of deposit:	(b) Place of deposit (<i>city and state</i>):
(c) Addressed as follows:	

4. I served this *Response*, which included an address verification declaration (*Declaration Regarding Address Verification—Postjudgment Request to Modify a Child Custody, Visitation, or Child Support Order* (form FL-334) may be used for this purpose.)

5. 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 PERSON WHO SERVED RESPONSE)