

ATTORNEY OR PARTY WITHOUT ATTORNEY NAME: FIRM NAME: STREET ADDRESS: CITY: TELEPHONE NO.: E-MAIL ADDRESS: ATTORNEY FOR (name):	STATE BAR NUMBER: STATE: ZIP CODE: FAX NO.:	FOR COURT USE ONLY
SUPERIOR COURT OF CALIFORNIA, COUNTY OF STREET ADDRESS: MAILING ADDRESS: CITY AND ZIP CODE: BRANCH NAME:		
PETITIONER: RESPONDENT:		
REQUEST FOR HEARING REGARDING REGISTRATION OF OUT-OF-STATE OR TRIBAL CUSTODY ORDER		CASE NUMBER:

NOTICE OF HEARING

1. A hearing on this application will be held as follows:

a. Date:	Time:	Dept.:	Div.:	Room:
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b. The address of court is: same as noted above other (specify):

2. I request that the registration of custody be vacated (canceled) because:

- a. The court or tribunal that issued the order did not have personal jurisdiction over me.
- b. The custody order has been vacated, stayed, or modified by a later order made by a court having jurisdiction to do so.
(Please attach a copy of the later order.)
- c. I was entitled to notice of the original order, but did not receive that notice in the proceedings before the court that issued the order.
- d. 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)

PETITIONER: RESPONDENT:	CASE NUMBER:
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CLERK'S CERTIFICATE OF MAILING

I certify that I am not a party to this cause and that a true copy of the *Request for Hearing Regarding Registration of Out-of-State or Tribal Custody Order* was mailed first class, postage fully prepaid, in a sealed envelope addressed as shown below, and that the notice was mailed

at (place): _____, California,
on (date): _____

Date: _____

Clerk, By _____, Deputy

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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