

GOVERNMENTAL AGENCY (under Fam. Code, §§ 17400, 17406) or 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:		
PETITIONER/PLAINTIFF:		
RESPONDENT/DEFENDANT:		
OTHER PARENT:		
<b>RESPONSIVE DECLARATION TO APPLICATION TO SET ASIDE SUPPORT ORDER</b>		
HEARING DATE:	TIME:	DEPT., ROOM, OR DIVISION:
		CASE NUMBER:

- I consent to the set aside of the support order.
  - I do not consent to the set aside of the support order.
  - SUPPORTING INFORMATION (*specify*):  
 Contained in the attached declaration.

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date:

A small black right-pointing arrow located at the bottom right of the page.

(TYPE OR PRINT NAME)

(SIGNATURE OF DECLARANT)