

GOVERNMENTAL AGENCY (under Fam. Code, §§ 17400, 17406) or ATTORNEY OR PARTY WITHOUT ATTORNEY (<i>Name, state bar number, and address</i>):		FOR COURT USE ONLY
TELEPHONE NO.:	FAX NO. (<i>Optional</i>):	
E-MAIL ADDRESS (<i>Optional</i>):		
ATTORNEY FOR (<i>Name</i>):		
SUPERIOR COURT OF CALIFORNIA, COUNTY OF		
STREET ADDRESS:		
MAILING ADDRESS:		
CITY AND ZIP CODE:		
BRANCH NAME:		
PETITIONER/PLAINTIFF:		
RESPONDENT/DEFENDANT:		
OTHER PARENT:		
ORDER AFTER HEARING ON MOTION TO SET ASIDE SUPPORT ORDER		CASE NUMBER:

1. This proceeding was heard
on (date): _____ at (time): _____ in Dept: _____
by Judge (name): _____

Temporary Judge Room _____

2. a. Petitioner/plaintiff present Attorney present (name): _____
 b. Respondent/defendant present Attorney present (name): _____
 c. Other parent present Attorney present (name): _____
 d. Governmental agency By (name): _____

3. The support order filed (date): _____ ordering (name): _____
 to pay support to (name): _____

a. is not set aside
 b. is set aside on the following grounds (specify): _____

4. Other (specify): _____

Date: _____

Approved as conforming to court order:

JUDICIAL OFFICER

(TYPE OR PRINT NAME)

SIGNATURE OF ATTORNEY FOR

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PETITIONER//PLAINTIFF
RESPONDENT/DEFENDANT
OTHER PARENT

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