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| ATTORNEY OR PARTY WITHOUT ATTORNEY OR GOVERNMENTAL AGENCY (under Family Code, §§ 17400, 17406) (Name, State Bar number, and address): TELEPHONE NO.: _____ FAX NO. (Optional): _____ E-MAIL ADDRESS (Optional): _____ ATTORNEY FOR (Name): _____ | FOR COURT USE ONLY |
| SUPERIOR COURT OF CALIFORNIA, COUNTY OF STREET ADDRESS: MAILING ADDRESS: CITY AND ZIP CODE: BRANCH NAME: | |
| PETITIONER/PLAINTIFF: RESPONDENT/DEFENDANT OTHER PARENT: | |
| NOTICE OF MOTION TO SET ASIDE JUDGMENT OF PATERNITY | CASE NUMBER: _____ |

1. TO (name): Petitioner Respondent
 Local Child Support Agency Other (specify): _____

2. A hearing on the motion for the relief requested will be held as follows:

| | | | |
|----------|-------|-------|------|
| a. Date: | Time: | Dept: | Rm.: |
|----------|-------|-------|------|

b. Address of court same as noted above other (specify): _____

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|---|
| ORDER |
| 3. <input type="checkbox"/> Time for <input type="checkbox"/> service <input type="checkbox"/> hearing is shortened. Service must be on or before (date): _____ |
| 4. Any responsive declaration must be served on or before (date): _____ |
| Date: _____ |
| _____ JUDICIAL OFFICER |

5. I declare and request as follows (List the legal names of all children on the paternity judgment. Also list the date of birth, home address and county of residence for each child for whom relief is requested on Declaration in Support of Motion to Set Aside Judgment of Paternity (form FL-273):

| Name of child | No relief required | Order genetic testing | Paternity Judgment entered | Date/County filed | Declaration of Paternity signed |
|---------------|--------------------------|--------------------------|----------------------------|-------------------|--|
| a. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| b. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| c. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| d. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| e. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| f. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| g. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| h. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | <input type="checkbox"/> Yes <input type="checkbox"/> No |

i. Additional children are listed on a page attached to this notice.

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| PETITIONER/PLAINTIFF: RESPONDENT/DEFENDANT: OTHER PARENT: | CASE NUMBER: |
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- 6. I request that the court find the previously established father is not the biological father of the children for whom genetic testing is requested.
- 7. I request that the court set aside any voluntary declaration of paternity or judgment of paternity, set aside all child support and unpaid arrearage orders concerning any children listed above for whom genetic testing is being requested, and enter a judgment of nonpaternity as to those children.
- 8. A local child support agency is providing services in this case (*specify county, if known*):
- 9. The judgment of paternity has been registered in the following states and counties (*specify*):

| | | |
|--------------|---------------|--------------------------|
| <u>State</u> | <u>County</u> | <u>Court Case Number</u> |
|--------------|---------------|--------------------------|
- 10. The marital presumption contained in Family Code section 7540 does not apply.
- 11. A *Declaration in Support of Motion to Set Aside Judgment of Paternity* (form FL-273) is attached for each child in this action.
- 12. I request that the court appoint a guardian ad litem for each child subject to this motion.
- 13. Other (*specify*):

14. Number of pages attached: _____

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 REQUESTING THESE ORDERS)

NOTICE FOR CASES INVOLVING A LOCAL CHILD SUPPORT AGENCY

This case may be referred to a court commissioner for hearing. By law, court commissioners do not have the authority to issue final orders and judgments in contested cases unless they are acting as temporary judges. The court commissioner in your case will act as a temporary judge unless, *before the hearing*, you or any other party objects to the commissioner acting as a temporary judge. The court commissioner may still hear your case to make findings and a recommended order. If you do not like the recommended order, you must object to it within 10 court days; otherwise, the recommended order will become a final order of the court. If you object to the recommended order, a judge will make a temporary order and set a new hearing.

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|-----------------------|--------------|
| PETITIONER/PLAINTIFF: | CASE NUMBER: |
| RESPONDENT/DEFENDANT: | |
| OTHER PARENT: | |

PROOF OF SERVICE BY MAIL

1. I am at least 18 years of age, not a party to this case, and a resident of, or an employee in, the county where the mailing took place.
2. My residence or business address is *(specify)*:

3. I served a copy of this *Notice of Motion to Set Aside Judgment of Paternity*, a copy of the *Declaration in Support of Motion to Set Aside Judgment of Paternity* (form FL-273), and a blank *Response to Notice of Motion to Set Aside Judgment of Paternity* (form FL-276) by enclosing them in a sealed envelope with first-class postage fully prepaid and depositing it in the United States mail as follows:

- a. Date of deposit:
- b. Addressed as follows:
- c. Place of deposit *(city and state)*:

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)