		FL-200
PARTY WITHOUT ATTORNEY OR ATTORNEY	STATE BAR NUMBER:	FOR COURT USE ONLY
NAME:		
FIRM NAME:		
STREET ADDRESS: CITY:	STATE: ZIP CODE:	
TELEPHONE NO.:	FAX NO.:	
E-MAIL ADDRESS:		
ATTORNEY FOR (name):		
SUPERIOR COURT OF CALIFORNIA, COUNTY O		
STREET ADDRESS:		
MAILING ADDRESS:		
CITY AND ZIP CODE:		
BRANCH NAME:		
PETITIONER:		
RESPONDENT:		
OTHER PARTY:		
REQUEST FOR HEARING AND APPL	ICATION TO CANCEL (SET ASIDE)	CASE NUMBER:
VOLUNTARY DECLARATION OF	· · · ·	
	INSTRUCTIONS	
<ul> <li>Use this form if you want to cancel (set asic usually signed at the hospital after a child is</li> </ul>		
<ul> <li>Complete items 5–10. For more information and Application to Cancel (Set Aside) Volu</li> </ul>		
• After you complete the form, take the origin	al plus three copies to the court clerk to file	
• After you file, copies of the form must be "s court. See Information Sheet for Service of		you must file the proof of service with the a about completing a proof of service.
Make sure you go to the court hearing lister		
	NOTICE OF HEARING	
1. TO ALL PARTIES. A COURT HEARING V	VILL BE HELD AS FOLLOWS:	
a. Date:	Time: Dept.:	Room:
b. Address of court same as noted	above other (specify):	
	<b>s request:</b> The court may make the request ancel (Set Aside) Voluntary Declaration of I 85 for more information and instructions for	Parentage or Paternity ( ) and
It is ordered that:		
3 Time for service unt	il the hearing is shortened. Service must l	be on or before <i>(date):</i>
4. Any responsive declaration must be s	erved on or before (date):	
Date:		JUDICIAL OFFICER
REQUEST TO CANCEL (SET AS	IDE) VOLUNTARY DECLARATION O	F PARENTAGE OR PATERNITY
5. Person making this request		
a. My name is:		
b. I am the:		
(1) Petitioner		
(2) Respondent		
(3) Other (specify):		
		Page 1 of 2

CASE NUMBER:

Child's date of birth:

- 6. I request that the court:
  - a. order genetic testing and cancel (set aside) the voluntary declaration of parentage or paternity.
  - b. make a finding that the voluntary declaration of parentage or paternity is void (invalid).
- 7. Information about the voluntary declaration of parentage or paternity (attach a copy if you have one):
  - a. Child's name:
  - b. Names of the people who signed the voluntary declaration:
    - (1)

(2)

- c. Date signed (if known):
- d. Date filed with the Department of Child Support Services (if known):
- 8. Other cases involving the child (check all that apply):
  - a. Divorce, legal separation, or nullity (case number, if known):
  - b. Parentage, custody, or child support (case number, if known):
  - c. Other (case number, if known):
  - d. The local child support agency is providing services for the child in (specify county):
- 9. A court order was entered based on the voluntary declaration of parentage or paternity on *(date):* in case number *(specify):*
- 10. Reasons for my request.
  - a. The voluntary declaration of parentage or paternity should be canceled (set aside) because of (check all that apply):
    - (1) Fraud (I was kept in ignorance of the true facts by another person.)
    - (2) Duress (I was threatened or mentally coerced into signing the declaration.)
    - (3) Material mistake of fact (I thought the facts were different from what they really are.)

The following reasons apply only to voluntary declarations filed before January 1, 2020, or if you did not sign the declaration.

- (4) My mistake, inadvertence, surprise, or excusable neglect
- (5) Other (specify):
- b. The voluntary declaration of parentage or paternity is void (invalid) because (specify):
- c. Explain the facts that support your request:

Contained in the attached declaration.

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

## Date:

(TYPE OR PRINT NAME)

(SIGNATURE OF PARTY MAKING REQUEST)



## **Requests for Accommodations**

Assistive listening systems, computer-assisted real-time captioning, or sign language interpreter services are available if you ask at least five days before the proceeding. Contact the clerk's office or go to www.courts.ca.gov/forms for Request for Accommodations by Persons With Disabilities and Response ( ). (Civ. Code, § 54.8.)

FL-280 [Rev. January 1, 2020]

REQUEST FOR HEARING AND APPLICATION TO CANCEL (SET ASIDE) VOLUNTARY DECLARATION OF PARENTAGE OR PATERNITY