

PARTY WITHOUT ATTORNEY OR ATTORNEY NAME: FIRM NAME: STREET ADDRESS: CITY: TELEPHONE NO.: E-MAIL ADDRESS: ATTORNEY FOR (name):	STATE BAR NUMBER:  STATE:                      ZIP CODE: FAX NO.:	<b>FOR COURT USE ONLY</b>
<b>SUPERIOR COURT OF CALIFORNIA, COUNTY OF</b> STREET ADDRESS: MAILING ADDRESS: CITY AND ZIP CODE: BRANCH NAME:		
PETITIONER: RESPONDENT: OTHER PARTY:		
<b>RESPONSIVE DECLARATION TO APPLICATION TO CANCEL (SET ASIDE)                  VOLUNTARY DECLARATION OF PARENTAGE OR PATERNITY</b>		
HEARING DATE:	TIME:	DEPARTMENT OR ROOM:
		CASE NUMBER:

**INSTRUCTIONS**

- Complete this form if you do not agree with the requests made in the *Request for Hearing and Application to Cancel (Set Aside) Voluntary Declaration of Parentage or Paternity* (form FL-280) filed in this case.
- After you complete the form, take the original plus three copies to the court clerk to file.
- After you file, copies of the form must be "served" on the other parties in the case and you must file the proof of service with the court. See page 2 of this form for more information and to find out how to correctly "serve" this form.
- Make sure you go to the court hearing listed in item 1 of form FL-280.

1. Information about the voluntary declaration of parentage or paternity listed in the request (item 7 of FL-280):
  - a.  I agree with the information listed about the voluntary declaration of parentage or paternity.
  - b.  I do not agree with the information listed about the voluntary declaration of parentage or paternity because (*specify why you do not agree*):
  
2. Request to cancel (set aside) voluntary declaration of parentage or paternity and order genetic testing, or request to make a finding the voluntary declaration is void (invalid):
  - a.  I agree to cancel (set aside) the voluntary declaration of parentage or paternity and submit to genetic testing, or agree that the voluntary declaration is void (invalid).
  - b.  I do not agree to cancel (set aside) the voluntary declaration of parentage or paternity and submit to genetic testing, or agree that the voluntary declaration is void (invalid).
  
3.  Supporting information (*specify*):
 

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 RESPONDING TO REQUEST)

**INFORMATION SHEET FOR COMPLETING *RESPONSIVE DECLARATION TO APPLICATION TO CANCEL (SET ASIDE) VOLUNTARY DECLARATION OF PARENTAGE OR PATERNITY***

If you do not have a lawyer representing you, please follow these instructions to complete page 1 of this form. If you do have a lawyer representing you, your lawyer should complete the form. If you are receiving services from the local child support agency, you should contact it right away.

After you complete page 1 of this form, you must file the form and any attachments with the court clerk at least nine court days before the hearing date stated in item 1 of form FL-280. The address of the court clerk is the same as the one shown on that form. **If you need help completing this form, see a [family law facilitator](#). Provide an original of this form plus three copies for filing. Use the three copies of the filed responsive declaration for service of process. The *Information Sheet for Service of Process (form FL-611)* explains what you must do to serve your responsive declaration. Serve one copy on the other person who signed the voluntary declaration of parentage or paternity, and be sure to file your *Proof of Service* form with the court clerk. Serve the second copy on the local child support agency if that office is providing services in your case. Keep the third copy for your records. Someone other than you, who is at least 18 years old, must serve the other party (and the local child support agency, if applicable) with the responsive declaration.**

**Instructions for Completing Form FL-285 (type or print in ink)**

**First box, top of form, left side.** Print your name, address, telephone number, and e-mail address in this box.

**Second box, left side.** Print the same address for the court that is on form FL-280.

**Third box, left side.** Print the names of the petitioner and respondent in this box. Use the same names listed on form FL-280.

**First box, top of form, right side.** Leave this box blank for the court to use.

**Second box, right side.** Print the same case number shown on form FL-280.

**Instructions for Numbered Paragraphs**

1. Check the box to tell the court if you agree or do not agree with the information listed about the voluntary declaration of parentage or paternity in item 7 of the *Request for Hearing and Application to Cancel (Set Aside) Voluntary Declaration of Parentage or Paternity* (form FL-280).
2. Check the box to tell the court if you agree or do not agree to the court canceling (setting aside) the voluntary declaration of parentage or paternity and ordering genetic testing, or if you do not agree that the voluntary declaration is void (invalid).
3. You must fully explain either the reasons you either agree or disagree with the requests made in form FL-280. If you need more space, you may attach additional sheets of paper. Check the box labeled "Contained in the attached declaration" if you are attaching a declaration or additional sheets explaining your reasons.

You must date the form, print your name, and sign the form under penalty of perjury. When you sign the form, you are stating that the information you have provided is true and correct.

**If you need more help with this form, contact a lawyer or the [family law facilitator](#) in your county.**