

PARTY WITHOUT ATTORNEY OR ATTORNEY STATE BAR NUMBER: NAME: FIRM NAME: STREET ADDRESS: CITY: STATE: ZIP CODE: TELEPHONE NO.: FAX NO.: E-MAIL ADDRESS: ATTORNEY FOR (name):	FOR COURT USE ONLY
SUPERIOR COURT OF CALIFORNIA, COUNTY OF STREET ADDRESS: MAILING ADDRESS: CITY AND ZIP CODE: BRANCH NAME:	
PETITIONER: RESPONDENT: OTHER PARTY:	
ORDER AFTER HEARING ON MOTION TO CANCEL (SET ASIDE) VOLUNTARY DECLARATION OF PARENTAGE OR PATERNITY	CASE NUMBER:

1. This proceeding was heard on (date): _____ in Dept.: _____ Room: _____
by (judicial officer): _____
2. a. Petitioner present Attorney present (name): _____
 b. Respondent present Attorney present (name): _____
 c. Other party present Attorney present (name): _____
 d. Attorney for local child support agency present (name): _____
 e. Other (specify): _____
3. The voluntary declaration of parentage or paternity filed on (date): _____ for (child's name): _____
 a. is canceled (set aside) b. is void (invalid) on the following grounds (specify): _____
 c. is not canceled (set aside) d. is not void (invalid)
4. The parties are ordered to complete genetic testing by (date): _____
5. Genetic testing must be coordinated by the local child support agency.
 a. Petitioner Respondent Other party Other (specify): _____
 and the minor child must each submit to genetic testing as directed by the local child support agency.
 b. Petitioner Respondent Other party Other (specify): _____
 must advance the costs of the genetic testing.
 c. Petitioner Respondent Other party Other (specify): _____
 must reimburse the local child support agency for genetic testing costs of: \$ _____
6. A further hearing regarding the results of genetic testing is set for (date): _____
7. a. All orders regarding child support, custody, or visitation will continue until the date of the next hearing or further order.
 b. Orders are modified as follows (specify): _____
8. If the voluntary declaration of parentage or paternity is canceled (set aside), or the court makes a finding that the voluntary declaration is void (invalid), the court clerk must send a copy of this order to the California Department of Child Support Services: **DCSS-POP Unit, P.O. Box 419070-MS 241, Rancho Cordova, CA 95741-9070.**
9. Other (specify): _____

Date: _____

JUDICIAL OFFICER

Approved as conforming to court order:
Date: _____

(TYPE OR PRINT NAME)

SIGNATURE OF ATTORNEY FOR PETITIONER
 RESPONDENT OTHER PARTY