

ATTORNEY OR PARTY WITHOUT ATTORNEY (<i>Name and Address</i>):	TELEPHONE NO.:	FOR COURT USE ONLY
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:		
RESPONSE TO APPLICATION FOR EXPEDITED CHILD SUPPORT ORDER AND NOTICE OF HEARING		CASE NUMBER:

To (*name*):

1. I object to the proposed expedited child support order for the following reasons (*check one or more*):
- a. I am not the parent of the child or children involved in this action.
 - b. My income is incorrectly stated in the application.
 - c. The other parent's income is incorrectly stated in the application.
 - d. I am entitled to hardship deductions as shown in the attached *Income and Expense Declaration* (form FL-150).
 - e. The other parent is not entitled to hardship deductions claimed in the application.
 - f. The amount of support is incorrectly computed.
 - g. other (*specify*):

2. I have attached a completed copy of my *Income and Expense Declaration* (form FL-150).

3. At my request, the court has set a hearing on the application as follows:

a. Date:	Time:	<input type="checkbox"/> Dept.:	<input type="checkbox"/> Rm.:
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b. The address of the court is shown above is:

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)
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You must bring a copy of your most recent federal and state income tax return (whether individual or joint) to the hearing or declare at the hearing that it doesn't exist or that you don't have it and have requested it from the Internal Revenue Service and Franchise Tax Board. Otherwise the court may grant the other party's request.

PETITIONER/PLAINTIFF:	CASE NUMBER:
RESPONDENT/DEFENDANT:	

PROOF OF SERVICE BY PERSONAL SERVICE MAIL

Service of the response on the other party may be made by anyone at least 18 years of age EXCEPT you. Service is made in one of the following ways:

(1) Personally delivering it to the attorney for the other party or, if no attorney, to the other party.

OR

(2) Mailing it, postage prepaid, to the last known address of the attorney for the other party or, if no attorney, to the other party.

Anyone at least 18 years of age **EXCEPT ANY PARTY** may personally serve or mail the response. Be sure whoever served the response fills out and signs this proof of service. File this proof of service with the court as soon as the response is served.

1. At the time of service I was at least 18 years of age and **not a party to this legal action.**

2. I served a copy of the *Response to Application for Expedited Child Support Order and Notice of Hearing* as follows (*check either a or b below*):
 - a. **Personal service.** I personally delivered the response as follows:
 - (1) Name of person served:
 - (2) Address where served:

 - (3) Date served:
 - (4) Time served:

 - b. **Mail.** I deposited the response in the United States mail, in a sealed envelope with postage fully prepaid. The envelope was addressed as follows:
 - (1) Name of person served:
 - (2) Address:

 - (3) Date of mailing:
 - (4) Place of mailing (*city and state*):
 - (5) I am a resident of or employed in the county where the response was mailed.

 - c. My residence or business address is (*specify*):

 - d. My phone number is (*specify*):

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 OF PERSON WHO SERVED THE RESPONSE)		_____ (SIGNATURE OF PERSON WHO SERVED THE RESPONSE)
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