

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, State Bar number, and address): TELEPHONE NO.: _____ FAX NO. (Optional): _____ E-MAIL ADDRESS (Optional): _____ ATTORNEY FOR (Name): _____	FOR COURT USE ONLY Draft 5 03/02/06 icb Not approved by the Judicial Council
SUPERIOR COURT OF CALIFORNIA, COUNTY OF _____ STREET ADDRESS: MAILING ADDRESS: CITY AND ZIP CODE: BRANCH NAME:	
PETITIONER/PLAINTIFF: RESPONDENT/DEFENDANT: OTHER PARENT:	
REQUEST FOR HEARING AND APPLICATION TO SET ASIDE SUPPORT ORDER	CASE NUMBER: _____

1. To petitioner respondent local child support agency other (specify): _____

A hearing on this application will be held as follows:

a. Date:	Time:	Dept.:	Div.:	Room:
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b. The address of the court where the hearing will be held is same as above other (specify): _____

2. An order was entered in this case on (date): _____ requiring petitioner respondent other parent to pay support. I request that the order be set aside.

3. Grounds for this request are (check all that apply):

- a. Fraud
- b. Perjury
- c. Lack of notice

4. I have complied with the time limits for filing this request to set aside (check one):

- a. Request brought within six months after the date I discovered or reasonably should have discovered the fraud.
- b. Request brought within six months after the date I discovered or reasonably should have discovered the perjury.
- c. Request brought within six months after the date:
 - (1) I obtained or reasonably should have obtained notice of the support order or
 - (2) my income and assets were subject to attachment under the support order.

PETITIONER/PLAINTIFF: RESPONDENT/DEFENDANT: OTHER PARENT:	CASE NUMBER:
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5. FACTS IN SUPPORT of relief requested are (*specify*):

Contained in the attached declaration.

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)



Request 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.courtinfo.ca.gov/forms for *Request for Accommodations by Persons With Disabilities and Order* (form MC-410). (Civil Code, § 54.8)