

GOVERNMENTAL AGENCY (Under Family Code, §§ 17400 and 17406): TELEPHONE NO.: _____ FAX NO. (Optional): _____ E-MAIL ADDRESS (Optional): _____ ATTORNEY FOR (Name): _____	FOR COURT USE ONLY
SUPERIOR COURT OF CALIFORNIA, COUNTY OF STREET ADDRESS: MAILING ADDRESS: CITY AND ZIP CODE: BRANCH NAME:	
PETITIONER/PLAINTIFF: RESPONDENT/DEFENDANT: OTHER PARENT:	
NOTICE OF MOTION <input type="checkbox"/> JUDGMENT <input type="checkbox"/> MODIFICATION <input type="checkbox"/> Child Support <input type="checkbox"/> Health Care <input type="checkbox"/> Injunctive Order <input type="checkbox"/> Other:	CASE NUMBER:

1. TO (name):
2. **READ THE ATTACHED REQUEST FORM.** A hearing on the motion for the relief requested will be held as follows:

a. Date: _____ Time: _____ <input type="checkbox"/> Dept.: _____ <input type="checkbox"/> Div.: _____ <input type="checkbox"/> Rm.: _____

b. Address of court is same as noted above other (specify):

3. Supporting attachments:

- | | |
|---|--|
| a. Completed <i>Request for Order and Supporting Declaration</i> (form FL-684) and blank <i>Response to Governmental Notice of Motion or Order to Show Cause</i> (form FL-685)

b. <input type="checkbox"/> Financial information and blank <i>Income and Expense Declaration</i> (form FL-150) | c. <input type="checkbox"/> Points and authorities
d. <input type="checkbox"/> <i>Order for Genetic (Parentage) Testing</i> (form FL-627) (If you ignore this order, you may be found to be the parent.)
e. <input type="checkbox"/> Other (specify): |
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4. NOTICE: IF YOU WISH TO HAVE A TRIAL, YOU MUST APPEAR AT THE HEARING ON THIS REQUEST.

Date: _____

_____ (TYPE OR PRINT NAME)		_____ (SIGNATURE OF ATTORNEY)
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ORDER

IT IS ORDERED THAT

5. Time for service hearing is shortened. Service must be on or before (date):
6. Any responsive declaration must be served on or before (date):
7. Petitioner/Plaintiff Respondent/Defendant Other parent is restrained from transferring, encumbering, hypothecating, concealing, or in any way disposing of the following property (describe):
8. Other (specify):
9. Number of pages attached: _____

Date: _____

JUDICIAL OFFICER

PETITIONER/PLANTIFF: RESPONDENT/DEFENDANT: OTHER PARENT:	CASE NUMBER:
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NOTICE

This case may be referred to a court commissioner for hearing. By law court commissioners do not have the authority to issue final orders and judgments in contested cases unless they are acting as temporary judges. The court commissioner in your case will act as a temporary judge unless, *before the hearing*, you or any other party objects to the commissioner acting as a temporary judge. The court commissioner may still hear your case to make findings and a recommended order. If you do not like the recommended order, you must object to it within 10 court days; otherwise, the recommended order will become a final order of the court. If you object to the recommended order, a judge will make a temporary order and set a new hearing.

Child support is based on your ability to pay, which may include your income, earning capacity, lifestyle, or presumed income set by statute. The amount of child support can be large and can continue until the children reach age 18. You should give the court information about your income and expenses. If you do not, the support order will be based on other information given to the court or presumed income set by statute.

You do not have to pay any fee to file your *Response to Governmental Notice of Motion or Order to Show Cause (Governmental)* (form FL-685) and your completed *Income and Expense Declaration* (form FL-150) or *Financial Statement (Simplified)* (form FL-155). You must file any documents with the court and have the copies served at least 9 court days before the hearing date to the local child support agency and the other party unless ordered otherwise. Add 5 calendar days if the motion is served by mail within California. (See Code of Civil Procedure section 1005 for other situations.) To determine court days and calendar days, go to www.courts.ca.gov/12618.htm.

PROOF OF SERVICE BY MAIL

1. I am at least 18 years of age, **not a party to this cause**, and a resident of or employed in the county where the mailing took place.
2. My residence or business address is:
3. I served a copy of this motion by enclosing it in a sealed envelope and depositing the envelope directly in the U.S. mail with postage paid OR at my place of business for same-day collection and mailing with the U.S. mail, following our business practices, with which I am readily familiar.
 - a. Date of deposit:
 - b. Place of deposit (*city and state*):
 - c. Addressed as follows:
4. The address for each individual identified in item 3 was
 - a. verified by the California Child Support Enforcement System (CSE) as the current primary mailing address on file.
 - b. other (*specify*):
5. 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 PERSON WHO SERVED MOTION)



Request for Accommodations

Assistive listening systems, computer-assisted real-time captioning, or sign language interpreter services are available if you ask at least five court days before the trial. Contact the clerk's office or go to www.courts.ca.gov/forms for *Request for Accommodations by Persons With Disabilities and Response* (form MC-410). (Civil Code, § 54.8)