ATTORNEY OR PARTY WITHOUT ATTORNEY (Name and Address):	TELEPHONE NO .:	FOR COURT USE ONLY
—		
SUPERIOR COURT OF CALIFORNIA, COUNTY OF		
STREET ADDRESS:		
MAILING ADDRESS:		
CITY AND ZIP CODE:		
BRANCH NAME:		
PETITIONER/PLAINTIFF:		
RESPONDENT/DEFENDANT:		
		CASE NUMBER:
APPLICATION FOR EXPEDITED CHILD SUPPOR		

Notice to applicant: This form must be served before it is filed with the court

To (name):

- 1. I am requesting the court to order you to pay child support in the sum of: \$ per month until trial of this action. (See item 2 of the proposed Expedited Child Support Order attached to this form.) Attached is a completed Income and Expense Declaration (form FL-150) for each parent and a worksheet showing the basis for the support.
- am receiving 2. 1 am not receiving intend to apply for public assistance for the child or children listed in the proposed order.

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)

IF YOU DO NOT WANT TO PAY THE AMOUNT OF CHILD SUPPORT ASKED FOR, YOU MUST FILE A WRITTEN RESPONSE WITHIN 30 DAYS AND ASK FOR A COURT HEARING. The necessary forms (three blank copies of the Response to Application for Expedited Child Support Order and Notice of Hearing, and three blank copies of the Income and Expense Declaration (form FL-150) are attached. You do not have to pay any fee for filing the Response (form FL-381).

(SIGNATURE)

Contact the clerk's office by telephone or in person and ask for a date for a hearing. The hearing date must be at least 20 days and not more than 30 days after you file the Response to Application for Expedited Child Support Order (form FL-381). Complete and file the Response after serving a copy on the other parent. You must have someone at least 18 years old, other than you, serve the forms. Have that person mail the papers to the address of the other parent or attorney for the other parent as shown on the top of the Application, or have that person personally give the papers to the other parent or attorney for the other parent. See the back of the Response for details. Have the person serving the Response complete and sign the Proof of Service on the back of the Response.

If you have this matter set for hearing, you must bring a copy of your most recent federal and state income tax return (whether individual or joint) to the hearing. You may examine the other parent's tax return and ask questions about it. The other parent may examine your tax return and ask questions about it. If you cannot find a copy of your tax return you must ask for a copy from the Internal Revenue Service and State Franchise Tax Board.

Tell them your name, the year of the return, your social security number, and the address to which they should mail the return. Sign the letter in the same way as you signed your tax return. Make a copy of the letter before you mail the original and bring it to the hearing.

If you have not filed a tax return for the last three years, you do not need to bring any return.

- IMPORTANT WARNING -

Unless you file a written response within 30 calendar days from the date this form is served on you, and ask the court for a hearing, you will be ordered to pay child support in the amount shown.

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PETITIONER/PLAINTIFF:	CASE NUMBER:
RESPONDENT/DEFENDANT:	

PROOF OF SERVICE — APPLICATION FOR EXPEDITED CHILD SUPPORT ORDER

1. I served the

a. Application for Expedited Child Support Order (form FL-380), proposed Expedited Child Support Order (form FL-382), a completed Income and Expense Declaration (form FL-150) for both parents, a worksheet setting forth the basis of the amount of support requested, three blank copies of the Income and Expense Declaration (form FL-150), and three blank copies of the Response to Application for Expedited Child Support Order and Notice of Hearing (form FL-381).

b. on petitioner	/plaintiff	respondent/defendant	
	petitioner/plaintiff and title or relation	respondent/defe	ndant
d. by delivery (1) date: (2) time: (3) address:	at home	at business	
e. By mailing (1) date:			

(2) place:

2. Manner of service (check proper box):

Personal service. By personally delivering copies. (CCP 415.10)

Substituted service on natural person. By leaving copies at the dwelling house, usual place of abode, or usual place of business of the person served in the presence of a competent member of the household or a person apparently in charge of the office or place of business, at least 18 years of age, who was informed of the general nature of the papers, and thereafter mailing (by first-class mail, postage prepaid) copies to the person served at the place where the copies were left. (CCP 415.20(b)) (Attach separate declaration or affidavit stating acts relied on to establish reasonable diligence in first attempting personal service.)

- Mail and acknowledgment service. By mailing (by first-class mail or airmail, postage prepaid) copies to the person served, together with two copies of the form of notice and acknowledgment and a return envelope, postage prepaid, addressed to the sender. (CCP 415.30) (*Attach completed acknowledgment of receipt.*)
- d. Certified or registered mail service. By mailing to an address outside California (by first-class mail, postage prepaid, requiring a return receipt) copies to the person served. (CCP 415.40) (Attach signed return receipt or other evidence of actual delivery to the person served.)
- 3. At the time of service I was at least 18 years of age and not a party to this action.
- 4. Fee for service: \$
- 5. Person serving:

a.

b.

a.	California sheriff, marshal, or constable.	

- b. _____ Registered California process server.
- c. Employee or independent contractor of a registered California process server.
- d. Not a registered California process server.
- e. Exempt from registration under Bus. & Prof. Code, § 22350(b).

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct. Date: f. Name, address, telephone number, and, if applicable, county of registration and number:

(For California sheriff, marshal, or constable use only) I certify that the foregoing is true and correct. Date:

(SIGNATURE)

(SIGNATURE)