

ATTORNEY OR PARTY WITHOUT ATTORNEY <i>(Name and Address)</i> :  TELEPHONE NO.: _____ FAX NO. <i>(Optional)</i> : _____ E-MAIL ADDRESS <i>(Optional)</i> : _____ ATTORNEY FOR <i>(Name)</i> : _____	<b>FOR COURT USE ONLY</b>
<b>SUPERIOR COURT OF CALIFORNIA, COUNTY OF</b>  STREET ADDRESS: MAILING ADDRESS: CITY AND ZIP CODE: BRANCH NAME:	
PETITIONER/PLAINTIFF: RESPONDENT/DEFENDANT: OTHER PARENT:	
<b>RESPONSE TO GOVERNMENTAL NOTICE OF MOTION OR ORDER TO SHOW CAUSE</b>	
HEARING DATE: _____ TIME: _____ DEPT., ROOM, OR DIVISION: _____	CASE NUMBER: _____

1.  **PARENTAGE**  
 I  do  do not admit that I am the parent of all of the children.  
 I admit that I am the parent of all of the children except *(specify)*:
  
2.  **CHILD SUPPORT**  
 a.  I consent to the order requested.  
 b.  I request the following child support order:
  
3.  **HEALTH INSURANCE COVERAGE**  
 a.  I consent to the order requested.  
 b.  I request the following health insurance coverage order:
  
4.  **FEES AND COSTS**  
 I  do  do not consent to the order requested.
  
5.  **PROPERTY RESTRAINT**  
 I  do  do not consent to the order requested.
  
6.  **OTHER**  
 I  do  do not consent to the other orders requested in item 6.
  
7.  **FACTS IN SUPPORT** of this response are:  
 contained in an attached Declaration.

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date:

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\_\_\_\_\_  
 (TYPE OR PRINT NAME)

\_\_\_\_\_  
 (SIGNATURE OF DECLARANT)

PETITIONER/PLAINTIFF: RESPONDENT/DEFENDANT: OTHER PARENT:	CASE NUMBER:
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**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 *(specify)*:
  
3. I served a copy of this response by enclosing it in a sealed envelope with postage fully prepaid and depositing it in the United States mail as follows:
  - (1) Date of deposit:
  - (2) Place of deposit *(city and state)*:
  - (3) Addressed as follows:

4. 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)

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(SIGNATURE OF DECLARANT)