

ATTORNEY OR PARTY WITHOUT ATTORNEY OR GOVERNMENTAL AGENCY (<i>under Family Code, §§ 17400 and 17406</i>) (Name, State Bar number, and address): TELEPHONE NO.: _____ FAX NO. (<i>Optional</i>): _____ E-MAIL ADDRESS (<i>Optional</i>): _____ ATTORNEY FOR (<i>Name</i>): _____	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:	
ORDER AFTER HEARING ON MOTION TO SET ASIDE VOLUNTARY DECLARATION OF PATERNITY	CASE NUMBER:

1. This proceeding was heard on (*date*): _____ in Dept.: _____ Room: _____
 by (*judicial officer*): _____
2. a. Petitioner/plaintiff present Attorney present (*name*): _____
 b. Respondent/defendant present Attorney present (*name*): _____
 c. Other parent present Attorney present (*name*): _____
 d. Attorney for local child support agency present (*name*): _____
 e. Other (*specify*): _____
3. The voluntary declaration of paternity filed on (*date*): _____ regarding (*child's name*): _____
 a. is not set aside.
 b. is set aside on the following grounds (*specify*): _____
4. The parties are ordered to complete genetic testing by (*date*): _____
5. Genetic testing must be coordinated by the local child support agency.
 a. Petitioner Respondent Other parent Other (*specify*): _____
 and the minor child must each submit to genetic testing as directed by the local child support agency.
 b. Petitioner Respondent Other parent Other (*specify*): _____
 must advance the costs of the genetic testing.
 c. Petitioner Respondent Other parent Other (*specify*): _____
 must reimburse the local child support agency for genetic testing costs of: \$ _____
6. A further hearing regarding the results of genetic testing is set for (*date*): _____
7. a. All orders regarding child support, custody, or visitation will continue until the date of the next hearing or further order.
 b. Orders are modified as follows (*specify*): _____
8. If the voluntary declaration of paternity is set aside, the court clerk must send a copy of this order to the California Department of Child Support Services (*specify address*): _____
9. Other (*specify*): _____

Date: _____

_____ JUDICIAL OFFICER

Approved as conforming to court order:
 Date: _____

(TYPE OR PRINT NAME)

SIGNATURE OF ATTORNEY FOR PETITIONER/PLAINTIFF
 RESPONDENT/ DEFENDANT OTHER PARENT