

ATTORNEY OR PARTY WITHOUT ATTORNEY <i>(Name, State Bar number, 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:   RESPONDENT:	
<b>APPEARANCE, STIPULATIONS, AND WAIVERS</b>	CASE NUMBER:

1. **Appearance by respondent** *(you must choose one):*
  - a.  By filing this form, the respondent makes a general appearance.
  - b.  The respondent has previously made a general appearance.
  - c.  The respondent is a member of the military services of the United States of America and waives all rights under the Servicemembers Civil Relief Act (50 U.S.C. Appen. § 501 et seq.). No appearance fee is required.
  
2. **Agreement, stipulations, and waivers** *(choose all that apply):*
  - a.  The parties agree that this cause may be decided as an uncontested matter.
  - b.  The parties waive their rights to notice of trial, a statement of decision, a motion for new trial, and the right to appeal.
  - c.  This matter may be decided by a commissioner sitting as a temporary judge.
  - d.  We have a written agreement, or a stipulation for judgment will be submitted to the court.
  - e.  None of these agreements or waivers will apply unless the court approves the stipulation for judgment or incorporates the written settlement agreement into the judgment.
  - f.  This is a parentage case, and both parties have signed an *Advisement and Waiver of Rights Re: Establishment of Parental Relationship* (form FL-235) or its equivalent.
  
3. **Other** *(specify):*

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

▶ \_\_\_\_\_  
 (SIGNATURE OF PETITIONER)

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

▶ \_\_\_\_\_  
 (SIGNATURE OF RESPONDENT)

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

▶ \_\_\_\_\_  
 (SIGNATURE OF ATTORNEY FOR PETITIONER)

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

▶ \_\_\_\_\_  
 (SIGNATURE OF ATTORNEY FOR RESPONDENT)