ATTORNEY OR PARTY WITHOUT ATTOR (Name, State Bar number, and address):	FOR COURT USE ONLY		
(Name, State Bar Humber, and address).			
TELEPHONE NO.:		FAX NO. (Optional):	
E-MAIL ADDRESS (Optional):		FAX NO. (Optional).	
ATTORNEY FOR (Name):			
SUPERIOR COURT OF CAI	LIFORNIA COLINTY	/ OF	
STREET ADDRESS:	LII ORIVIA, OOORI I		
MAILING ADDRESS:			
CITY AND ZIP CODE:			
BRANCH NAME:			
PETITIONER/PLAINTIFF:			
RESPONDENT/DEFENDANT:			
OTHER PARENT:			
RESPONSIVE DECLARATION TO APPLICATION			CASE NUMBER:
TO SET ASIDE VO	DLUNTARY DECL	ARATION OF PATERNITY	
HEARING DATE:	TIME:	DEPT., ROOM, OR DIVISION:	
1 Lagree to the set-asi	de of the voluntary de	eclaration of paternity. I understand that the	court will order genetic tests
1 ragice to the set ask	ac of the voluntary at	colaration of paternity. I andorstand that the	sourt will order genetic tests.
2. I do not agree to the	set-aside of the volu	ntary declaration of paternity.	
3. I agree to submit to o	genetic testing.		
4. Supporting information	on (specify):		
		nstructions on how to complete this section.)	
Contained in the	he attached declaration	on.	
I declare under penalty of perju	ury under the laws of	the State of California that the foregoing is to	rue and correct.
Date:			
D 4.0.			
		>	
(TYPE OR PRIN	T NAME)	(SIGI	NATURE OF DECLARANT)

INFORMATION SHEET FOR COMPLETING RESPONSIVE DECLARATION TO APPLICATION TO SET ASIDE VOLUNTARY DECLARATION OF PATERNITY

(Do **not** deliver this information sheet to the court clerk.)

If you do not have an attorney representing you, please follow these instructions to complete the *Responsive Declaration* to *Application to Set Aside Voluntary Declaration of Paternity*. If you do have an attorney representing you, he or she should complete the responsive declaration. If you are receiving services from the local child support agency, you should contact them right away.

You must file the completed responsive declaration and attachments (if any) with the court clerk nine court days before the hearing date stated in item 1 of the *Request for Hearing and Application to Set Aside Voluntary Declaration of Paternity* (form FL-280). The address of the court clerk is the same as the one shown on the *request*. You may have to pay a filing fee. If you cannot afford to pay the filing fee, contact the court clerk to obtain forms to apply for a waiver of court fees. If you need assistance completing this form, see a family law facilitator. Provide an original *Responsive Declaration to Application to Set Aside Voluntary Declaration of Paternity* plus three copies for filing. Keep three copies of the filed responsive declaration. The *Information Sheet for Service of Process* (form FL-611) explains what you must do to serve your responsive declaration. Serve one copy on the other person who signed the voluntary declaration of paternity, and be sure to file your *Proof of Service* with the court clerk. Serve the second copy on the local child support agency if that office is providing services in your case. Keep the third copy for your records. Someone other than you, who is at least 18 years old, must serve the other party (and the local child support agency, if applicable) with the responsive declaration.

Instructions for completing the Responsive Declaration to Application to Set Aside Voluntary Declaration of Paternity (type or print in ink)

First box, top of form, left side. Print your name, address, telephone number, and fax number, if any, in this box.

Second box, left side. Print the same address for the court that is on the *Request for Hearing and Application to Set Aside Voluntary Declaration of Paternity* (form FL-280).

Third box, **left side**. Print the names of the petitioner and respondent in this box. Use the same names listed on the Request for Hearing and Application to Set Aside Voluntary Declaration of Paternity (form FL-280).

First box, top of form, right side. Leave this box blank for the court to use.

Second box, right side. Print the same case number shown on the *Request for Hearing and Application to Set Aside Voluntary Declaration of Paternity* (form FL-280).

Instructions for Numbered Paragraphs

- 1. Check this box if you agree that the voluntary declaration of paternity should be set aside. If the court grants the request, the court will require both of the persons who signed the voluntary declaration of paternity and the child to submit to genetic tests to determine the child's parentage.
- 2. Check this box if you do not want the voluntary declaration of paternity to be set aside.
- 3. Check this box if you agree to submit to genetic testing.
- 4. You must fully explain either the reasons you are agreeing to the set-aside of the voluntary declaration of paternity or the reasons you do not want the voluntary declaration of paternity to be set aside. If you need more space, you may attach additional sheets of paper. Check the box labeled "Contained in the attached declaration" if you are attaching a declaration or additional sheets explaining the reasons that you agree or do not agree to the set-aside of the voluntary declaration of paternity.

You must date the form, print your name, and sign the form under penalty of perjury. When you sign the form, you are stating that the information you have provided is true and correct.

If you need additional assistance with this form, contact an attorney or the court's family law facilitator.