

ATTORNEY OR PARTY WITHOUT ATTORNEY <i>(Name and Address)</i> :	TELEPHONE NO.:	FOR COURT USE ONLY
ATTORNEY FOR <i>(Name)</i> :		
SUPERIOR COURT OF CALIFORNIA, COUNTY OF		
STREET ADDRESS: MAILING ADDRESS: CITY AND ZIP CODE: BRANCH NAME:		
PETITIONER/PLAINTIFF:		
RESPONDENT/DEFENDANT:		
RESPONSE TO APPLICATION FOR EXPEDITED CHILD SUPPORT ORDER AND NOTICE OF HEARING (Family Code, §§ 3620–3634)	CASE NUMBER:	

To *(name)*:

1. I object to the proposed expedited child support order for the following reasons *(check one or more)*:
- a. I am not the parent of the child or children involved in this action.
 - b. My income is incorrectly stated in the application.
 - c. The other parent's income is incorrectly stated in the application.
 - d. I am entitled to hardship deductions as shown in the attached Income and Expense Declaration.
 - e. The other parent is not entitled to hardship deductions claimed in the application.
 - f. The amount of support is incorrectly computed.
 - g. other *(specify)*:

2. I have attached a completed copy of my Income and Expense Declaration.

3. At my request, the court has set a hearing on the application as follows:

a. Date:	Time:	<input type="checkbox"/> Dept.:	<input type="checkbox"/> Rm.:
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b. The address of the court is shown above is:

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) ▶ _____ (SIGNATURE)

You must bring a copy of your most recent state income tax return (whether individual or joint) to the hearing or declare at the hearing that it doesn't exist or that you don't have it and have requested it from the Franchise Tax Board. Otherwise the court may grant the other party's request.

(Proof of service on reverse)

