

GOVERNMENTAL AGENCY (pursuant to Welf. and Inst. Code, §§ 11475.1 & 11478.2): _____	TELEPHONE NO.:	<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:		
<b>DECLARATION FOR DEFAULT OR UNCONTESTED JUDGMENT (Governmental)</b>		CASE NUMBER:

1. I declare that if I appeared in court and were sworn, I would testify to the truth of the facts in this declaration.
2. Proof will be by this declaration and I will not appear before the court unless I am ordered by the court to do so.
3. All the information in the complaint is true and correct according to the records maintained by the district attorney pursuant to the Social Security Act.
4. The default of the respondent/defendant was entered or is being requested and the petitioner/plaintiff is only seeking the relief requested in the complaint as originally filed or amended.
5. **SUPPORT** (If a support order is requested, attach support information. Include the best estimate of the defendant's income.)  
 Child support     Health Insurance    should be ordered as set forth in the proposed Judgment (Governmental).
6. **PUBLIC ASSISTANCE**    The children  are receiving     are applying for     formerly received     are neither receiving nor applying for    public assistance.
7. Any support ordered should be payable to (specify):
  
8.  Other (specify):

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 OF DECLARANT)