

PATERNITY RESPONSE



Forms

Self-Help Legal Access Centers

Santa Monica

1725 Main St.,
Room 210
Santa Monica, CA 90401

Inglewood

1 East Regent St.,
Room 107
Inglewood, CA 90301

Torrance

825 Maple Ave.,
Room 160
Torrance, CA 90503

Long Beach

275 Magnolia Ave.,
Room 3101
Long Beach, CA 90802

January 2017

This guide is designed to help you fill out the forms yourself. It is not intended to provide legal advice nor strategy as to how to complete the case. The information provided in this packet only presents options and examples. This is not a substitute for professional legal advice from an attorney.

Please type or print in black or blue ink.

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ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, State Bar number, and address): TELEPHONE NO.: _____ FAX NO. (Optional): _____ E-MAIL ADDRESS (Optional): _____ ATTORNEY FOR (Name): _____	FOR COURT USE ONLY
SUPERIOR COURT OF CALIFORNIA, COUNTY OF STREET ADDRESS: MAILING ADDRESS: CITY AND ZIP CODE: BRANCH NAME:	
PETITIONER: RESPONDENT:	
RESPONSE TO PETITION TO ESTABLISH PARENTAL RELATIONSHIP (Uniform Parentage)	

1. The children are (*name each*) :

<u>Child's name</u>	<u>Date of birth</u>	<u>Age</u>	<u>Sex</u>
- b. ☐ A child who is not yet born
2. The petitioner is
 - a. ☐ the mother of the children listed above.
 - b. ☐ the father of the children listed above.
 - c. ☐ not certain whether he or she is the biological parent of the children listed above.
 - d. ☐ the child or child's representative (*specify court and date of appointment*):
 - e. ☐ other (*specify*) :
3. The respondent
 - a. ☐ lives in the State of California.
 - b. ☐ was in California when the listed children were conceived.
 - c. ☐ neither a nor b
 - d. ☐ other (*specify*) :
4. The children
 - a. ☐ live or are in this county.
 - b. ☐ are children of a parent who is deceased, and proceedings for administration of the estate have been or could be started in this county.
5. The respondent is
 - a. ☐ the father of the children listed in item 1 above.
 - b. ☐ the mother of the children listed in item 1 above.
 - c. ☐ not certain if he or she is the parent of the children listed in item 1 above.
 - d. ☐ not the parent of the children listed in item 1 above.
 - e. ☐ other (*specify*) :
6. Additional statements
 - a. ☐ Parentage has been established by a Voluntary Declaration of Paternity (*attach copy*).
 - b. ☐ Parentage has been established in another case ☐ governmental child support ☐ other (*specify*) :
 - c. ☐ Public assistance is being provided to the children.

PETITIONER:	CASE NUMBER:
RESPONDENT:	

The respondent requests that the court make the orders listed below.

7. Parent-child relationship (*check all that apply*):

- a. ☐ Respondent ☐ Petitioner ☐ Other (*specify*): _____ is the parent of the children listed in item 1.
- b. ☐ Respondent ☐ Petitioner ☐ Other (*specify*): _____ is not the parent of the children listed in item 1.
- c. ☐ Respondent requests genetic (blood) tests to determine whether the ☐ petitioner ☐ respondent is the parent of the children listed.

8. Child custody and visitation

- a. If ☐ Petitioner ☐ Respondent ☐ Other is found to be the parent of the children listed in item 1:
- | | | | |
|------------|------------|-------|-------|
| Petitioner | Respondent | Joint | Other |
|------------|------------|-------|-------|
- b. Legal custody of the children should go to ☐ ☐ ☐ ☐
- c. Physical custody of the children should go to ☐ ☐ ☐ ☐
- d. Visitation of the children should be as follows:
- (1) ☐ None
- (2) ☐ Reasonable visitation
- (3) ☐ Petitioner ☐ Respondent should have the right to visit the children as follows (*specify*): _____
- (4) ☐ Visitation should occur with the following restrictions (*specify*): _____
- (5) ☐ I request mediation to work out a parenting plan.

9. Reasonable expenses of pregnancy and birth

Reasonable expenses of pregnancy and birth should be paid by

Petitioner	Respondent	Both
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

10. Fees and costs of litigation

- a. Attorney fees should be paid by
- b. Expert fees, guardian ad litem fees, and other costs of the action or pretrial proceedings should be paid by

Petitioner	Respondent	Both
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

11. Name change. ☐ The children's names should be changed, according to Family Code section 7638, as follows (*specify old and new names*): _____

12. Other orders requested (*specify*): _____

13. Child support. The court may make orders for support of the children and issue an earnings assignment without further notice to either party.

I have read the restraining order on the back of the *Summons* (form FL-210) and I understand it applies to me.

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 RESPONDENT)

NOTICE: If you have a child from this relationship, the court is required to order child support based upon the income of both parents. Support normally continues until the child is 18. You should supply the court with information about your finances. Otherwise, the child support order will be based upon information supplied by the other parent. Any party required to pay child support must pay interest on overdue amounts at the "legal" rate, which is currently 10 percent.

TO ☐ Petition ☐ Response ☐ Request for Order ☐ Responsive Declaration to Request for Order
☐ Other (specify):

- Page 1 of 2
-
- Family Code, § 6200 et seq.
www.courts.ca.gov

PETITIONER: RESPONDENT: OTHER PARENT/PARTY:	CASE NUMBER:
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3. ☐ **Supervised visitation (parenting time).**
- If item 3 is checked, you must attach a declaration that shows why unsupervised visitation (parenting time) would be bad for your children. The judge is required to consider supervised visitation if one parent or party is alleging domestic violence and is protected by a restraining order.
 - ☐ The person who supervises the visitation (parenting time) must meet the requirements listed in *Declaration of Supervised Visitation Provider* (form FL-324) under Family Code § 3200.5.
 - I request that (name): _____ have supervised visitation (parenting time) with the minor children according to the schedule set out on page 1.
 - I request that the visitation (parenting time) be supervised by (name): _____ who is a ☐ professional ☐ nonprofessional supervisor.
The supervisor's phone number is (specify): _____
 - I request that any costs of supervision be paid as follows: petitioner: _____ percent; respondent: _____ percent; other parent/party: _____ percent.
4. ☐ **Transportation for visitation (parenting time) and place of exchange.**
- The children will be driven only by a licensed and insured driver. The car or truck must have legal child restraint devices.
 - ☐ Transportation to begin the visits will be provided by (name): _____
 - ☐ Transportation from the visits will be provided by (name): _____
 - ☐ The exchange point at the beginning of the visit will be (address): _____
 - ☐ The exchange point at the end of the visit will be (address): _____
 - ☐ During the exchanges, the party driving the children will wait in the car and the other party will wait in his or her home (or exchange location) while the children go between the car and the home (or exchange location).
 - ☐ Other (specify): _____
5. ☐ **Travel with children.** The ☐ petitioner ☐ respondent ☐ other parent/party must have written permission from the other parent or party, or a court order, to take the children out of the following places:
- ☐ the state of California.
 - ☐ the following counties (specify): _____
 - ☐ other places (specify): _____
6. ☐ **Child abduction prevention.** There is a risk that one of the parties will take the children out of California without the other party's permission. I request the orders set out on attached form FL-312.
7. ☐ **Children's holiday schedule.** I request the holiday and vacation schedule set out on the attached ☐ form FL-341(C) ☐ Other (specify): _____
8. ☐ **Additional custody provisions.** I request the additional orders regarding custody set out on the attached ☐ form FL-341(D) ☐ Other (specify): _____
9. ☐ **Joint legal custody provisions.** I request joint legal custody and want the additional orders set out on the attached ☐ form FL-341(E) ☐ Other (specify): _____
10. ☐ **Other.** I request the following additional orders (specify): _____

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SUPERIOR COURT OF CALIFORNIA, COUNTY OF STREET ADDRESS: MAILING ADDRESS: CITY AND ZIP CODE: BRANCH NAME:	
<i>(This section applies only to family law cases.)</i> PETITIONER: RESPONDENT: OTHER PARTY:	
<i>(This section applies only to guardianship cases.)</i> GUARDIANSHIP OF (Name): _____ Minor	CASE NUMBER:
DECLARATION UNDER UNIFORM CHILD CUSTODY JURISDICTION AND ENFORCEMENT ACT (UCCJEA)	

1. I am a party to this proceeding to determine custody of a child.
2. ☐ My present address and the present address of each child residing with me is confidential under Family Code section 3429 as I have indicated in item 3.
3. There are (specify number): _____ minor children who are subject to this proceeding, as follows:
(Insert the information requested below. The residence information must be given for the last FIVE years.)

a. Child's name	Place of birth	Date of birth	Sex
Period of residence to present	Address <input type="checkbox"/> Confidential	Person child lived with (name and complete current address) <input type="checkbox"/> Confidential	Relationship
to	Child's residence (City, State)	Person child lived with (name and complete current address)	
to	Child's residence (City, State)	Person child lived with (name and complete current address)	
to	Child's residence (City, State)	Person child lived with (name and complete current address)	
to	Child's residence (City, State)	Person child lived with (name and complete current address)	
b. Child's name	Place of birth	Date of birth	Sex
<input type="checkbox"/> Residence information is the same as given above for child a. <i>(If NOT the same, provide the information below.)</i>			
Period of residence to present	Address <input type="checkbox"/> Confidential	Person child lived with (name and complete current address) <input type="checkbox"/> Confidential	Relationship
to	Child's residence (City, State)	Person child lived with (name and complete current address)	
to	Child's residence (City, State)	Person child lived with (name and complete current address)	
to	Child's residence (City, State)	Person child lived with (name and complete current address)	
to	Child's residence (City, State)	Person child lived with (name and complete current address)	

- c. ☐ Additional residence information for a child listed in item a or b is continued on attachment 3c.
- d. ☐ Additional children are listed on form FL-105(A)/GC-120(A). (Provide all requested information for additional children.)

SHORT TITLE:

CASE NUMBER:

4. Do you have information about, or have you participated as a party or as a witness or in some other capacity in, another court case or custody or visitation proceeding, in California or elsewhere, concerning a child subject to this proceeding?

☐ Yes ☐ No (If yes, attach a copy of the orders (if you have one) and provide the following information):

Proceeding	Case number	Court (name, state, location)	Court order or judgment (date)	Name of each child	Your connection to the case	Case status
a. <input type="checkbox"/> Family						
b. <input type="checkbox"/> Guardianship						
c. <input type="checkbox"/> Other						

Proceeding	Case Number	Court (name, state, location)
d. <input type="checkbox"/> Juvenile Delinquency/ Juvenile Dependency		
e. <input type="checkbox"/> Adoption		

5. ☐ One or more domestic violence restraining/protective orders are now in effect. (Attach a copy of the orders if you have one and provide the following information):

Court	County	State	Case number (if known)	Orders expire (date)
a. <input type="checkbox"/> Criminal				
b. <input type="checkbox"/> Family				
c. <input type="checkbox"/> Juvenile Delinquency/ Juvenile Dependency				
d. <input type="checkbox"/> Other				

6. Do you know of any person who is not a party to this proceeding who has physical custody or claims to have custody of or visitation rights with any child in this case? ☐ Yes ☐ No (If yes, provide the following information):

<p>a. Name and address of person</p> <p><input type="checkbox"/> Has physical custody <input type="checkbox"/> Claims custody rights <input type="checkbox"/> Claims visitation rights</p> <p>Name of each child</p>	<p>b. Name and address of person</p> <p><input type="checkbox"/> Has physical custody <input type="checkbox"/> Claims custody rights <input type="checkbox"/> Claims visitation rights</p> <p>Name of each child</p>	<p>c. Name and address of person</p> <p><input type="checkbox"/> Has physical custody <input type="checkbox"/> Claims custody rights <input type="checkbox"/> Claims visitation rights</p> <p>Name of each child</p>
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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)

7. ☐ Number of pages attached: _____

NOTICE TO DECLARANT: You have a continuing duty to inform this court if you obtain any information about a custody proceeding in a California court or any other court concerning a child subject to this proceeding.

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, State Bar number, and address): TELEPHONE NO.: E-MAIL ADDRESS (Optional): ATTORNEY FOR (Name):	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/CLAIMANT:	
INCOME AND EXPENSE DECLARATION	CASE NUMBER:

1. Employment (Give information on your current job or, if you're unemployed, your most recent job.)

Attach copies of your pay stubs for last two months (black out social security numbers).

- a. Employer:
 b. Employer's address:
 c. Employer's phone number:
 d. Occupation:
 e. Date job started:
 f. If unemployed, date job ended:
 g. I work about _____ hours per week.
 h. I get paid \$ _____ gross (before taxes) ☐ per month ☐ per week ☐ per hour.

(If you have more than one job, attach an 8 1/2-by-11-inch sheet of paper and list the same information as above for your other jobs. Write "Question 1 - Other Jobs" at the top.)

2. Age and education

- a. My age is (specify):
 b. I have completed high school or the equivalent: ☐ Yes ☐ No If no, highest grade completed (specify):
 c. Number of years of college completed (specify): ☐ Degree(s) obtained (specify):
 d. Number of years of graduate school completed (specify): ☐ Degree(s) obtained (specify):
 e. I have: ☐ professional/occupational license(s) (specify):
 ☐ vocational training (specify):

3. Tax information

- a. ☐ I last filed taxes for tax year (specify year):
 b. My tax filing status is ☐ single ☐ head of household ☐ married, filing separately
 ☐ married, filing jointly with (specify name):
 c. I file state tax returns in ☐ California ☐ other (specify state):
 d. I claim the following number of exemptions (including myself) on my taxes (specify):

4. Other party's income. I estimate the gross monthly income (before taxes) of the other party in this case at (specify): \$
 This estimate is based on (explain):

(If you need more space to answer any questions on this form, attach an 8 1/2-by-11-inch sheet of paper and write the question number before your answer.) Number of pages attached: _____

I declare under penalty of perjury under the laws of the State of California that the information contained on all pages of this form and any attachments is true and correct.

Date: _____

 (TYPE OR PRINT NAME)

 (SIGNATURE OF DECLARANT)

PETITIONER/PLAINTIFF: RESPONDENT/DEFENDANT: OTHER PARENT/CLAIMANT:	CASE NUMBER:
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Attach copies of your pay stubs for the last two months and proof of any other income. Take a copy of your latest federal tax return to the court hearing. (*Black out your social security number on the pay stub and tax return.*)

5. **Income** (*For average monthly, add up all the income you received in each category in the last 12 months and divide the total by 12.*)
- | | Last month | Average monthly |
|--|------------|-----------------|
| a. Salary or wages (gross, before taxes) | \$ | |
| b. Overtime (gross, before taxes) | \$ | |
| c. Commissions or bonuses | \$ | |
| d. Public assistance (for example: TANF, SSI, GA/GR) <input type="checkbox"/> currently receiving | \$ | |
| e. Spousal support <input type="checkbox"/> from this marriage <input type="checkbox"/> from a different marriage | \$ | |
| f. Partner support <input type="checkbox"/> from this domestic partnership <input type="checkbox"/> from a different domestic partnership | \$ | |
| g. Pension/retirement fund payments | \$ | |
| h. Social security retirement (not SSI) | \$ | |
| i. Disability: <input type="checkbox"/> Social security (not SSI) <input type="checkbox"/> State disability (SDI) <input type="checkbox"/> Private insurance. | \$ | |
| j. Unemployment compensation | \$ | |
| k. Workers' compensation | \$ | |
| l. Other (military BAQ, royalty payments, etc.) (<i>specify</i>) : | \$ | |
6. **Investment income** (*Attach a schedule showing gross receipts less cash expenses for each piece of property.*)
- | | | |
|-------------------------------------|----|--|
| a. Dividends/interest | \$ | |
| b. Rental property income | \$ | |
| c. Trust income | \$ | |
| d. Other (<i>specify</i>) : | \$ | |
7. **Income from self-employment, after business expenses for all businesses** \$
- I am the ☐ owner/sole proprietor ☐ business partner ☐ other (*specify*) :
- Number of years in this business (*specify*) :
- Name of business (*specify*) :
- Type of business (*specify*) :
- Attach a profit and loss statement for the last two years or a Schedule C from your last federal tax return. Black out your social security number. If you have more than one business, provide the information above for each of your businesses.**
8. ☐ **Additional income.** I received one-time money (lottery winnings, inheritance, etc.) in the last 12 months (*specify source and amount*) :
9. ☐ **Change in income.** My financial situation has changed significantly over the last 12 months because (*specify*) :
10. **Deductions**
- | | Last month |
|--|------------|
| a. Required union dues | \$ |
| b. Required retirement payments (not social security, FICA, 401(k), or IRA) | \$ |
| c. Medical, hospital, dental, and other health insurance premiums (<i>total monthly amount</i>) | \$ |
| d. Child support that I pay for children from other relationships | \$ |
| e. Spousal support that I pay by court order from a different marriage | \$ |
| f. Partner support that I pay by court order from a different domestic partnership | \$ |
| g. Necessary job-related expenses not reimbursed by my employer (<i>attach explanation labeled "Question 10g"</i>) | \$ |
11. **Assets**
- | | Total |
|--|-------|
| a. Cash and checking accounts, savings, credit union, money market, and other deposit accounts | \$ |
| b. Stocks, bonds, and other assets I could easily sell | \$ |
| c. All other property, <input type="checkbox"/> real and <input type="checkbox"/> personal (<i>estimate fair market value minus the debts you owe</i>) | \$ |

PETITIONER/PLAINTIFF: RESPONDENT/DEFENDANT: OTHER PARENT/CLAIMANT:	CASE NUMBER:
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12. The following people live with me:

Name	Age	How the person is related to me? (ex: son)	That person's gross monthly income	Pays some of the household expenses?	
a.				<input type="checkbox"/> Yes	<input type="checkbox"/> No
b.				<input type="checkbox"/> Yes	<input type="checkbox"/> No
c.				<input type="checkbox"/> Yes	<input type="checkbox"/> No
d.				<input type="checkbox"/> Yes	<input type="checkbox"/> No
e.				<input type="checkbox"/> Yes	<input type="checkbox"/> No

13. Average monthly expenses ☐ Estimated expenses ☐ Actual expenses ☐ Proposed needs

a. Home:

 (1) ☐ Rent or ☐ mortgage\$

If mortgage:

(a) average principal:\$

(b) average interest:\$

(2) Real property taxes\$

 (3) Homeowner's or renter's insurance
 (if not included above)\$

(4) Maintenance and repair\$

b. Health-care costs not paid by insurance\$

c. Child care\$

d. Groceries and household supplies\$

e. Eating out\$

f. Utilities (gas, electric, water, trash)\$

g. Telephone, cell phone, and e-mail\$

h. Laundry and cleaning\$

i. Clothes\$

j. Education\$

k. Entertainment, gifts, and vacation\$

 l. Auto expenses and transportation
 (insurance, gas, repairs, bus, etc.)\$

 m. Insurance (life, accident, etc.; do not
 include auto, home, or health insurance)\$

n. Savings and investments\$

o. Charitable contributions\$

 p. Monthly payments listed in item 14
 (itemize below in 14 and insert total here)\$

q. Other (specify) :\$

r. TOTAL EXPENSES (a-q) (do not add in the amounts in a(1)(a) and (b))\$

s. Amount of expenses paid by others\$

14. Installment payments and debts not listed above

Paid to	For	Amount	Balance	Date of last payment
		\$	\$	
		\$	\$	
		\$	\$	
		\$	\$	
		\$	\$	
		\$	\$	

15. Attorney fees (This is required if either party is requesting attorney fees.):

a. To date, I have paid my attorney this amount for fees and costs (specify) : \$

b. The source of this money was (specify) :

c. I still owe the following fees and costs to my attorney (specify total owed) : \$

d. My attorney's hourly rate is (specify) : \$

I confirm this fee arrangement.

Date:

(TYPE OR PRINT NAME OF ATTORNEY)

(SIGNATURE OF ATTORNEY)

PETITIONER/PLAINTIFF: RESPONDENT/DEFENDANT: OTHER PARENT/CLAIMANT:	CASE NUMBER:
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CHILD SUPPORT INFORMATION

(NOTE: Fill out this page only if your case involves child support.)

16. Number of children

- a. I have *(specify number)*: _____ children under the age of 18 with the other parent in this case.
- b. The children spend _____ percent of their time with me and _____ percent of their time with the other parent.
(If you're not sure about percentage or it has not been agreed on, please describe your parenting schedule here.)

17. Children's health-care expenses

- a. ☐ I do ☐ I do not have health insurance available to me for the children through my job.
- b. Name of insurance company: _____
- c. Address of insurance company: _____
- d. The monthly cost for the children's health insurance is or would be *(specify)* : \$ _____
(Do not include the amount your employer pays.)

18. Additional expenses for the children in this case

- | | Amount per month |
|---|------------------|
| a. Child care so I can work or get job training | \$ _____ |
| b. Children's health care not covered by insurance | \$ _____ |
| c. Travel expenses for visitation | \$ _____ |
| d. Children's educational or other special needs <i>(specify below)</i> : | \$ _____ |

19. Special hardships. I ask the court to consider the following special financial circumstances

(attach documentation of any item listed here, including court orders):

- | | Amount per month | For how many months? |
|---|------------------|----------------------|
| a. Extraordinary health expenses not included in 18b | \$ _____ | _____ |
| b. Major losses not covered by insurance (examples: fire, theft, other insured loss) | \$ _____ | _____ |
| c. (1) Expenses for my minor children who are from other relationships and are living with me | \$ _____ | _____ |
| (2) Names and ages of those children <i>(specify)</i> : _____ | | |

(3) Child support I receive for those children\$ _____

The expenses listed in a, b and c create an extreme financial hardship because *(explain)* :

20. Other information I want the court to know concerning support in my case *(specify)* :

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, State Bar number, and address): TELEPHONE NO.: _____ FAX NO. (Optional): _____ E-MAIL ADDRESS (Optional): _____ ATTORNEY FOR (Name): _____	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/PARTY:	CASE NUMBER: (If applicable, provide):
PROOF OF SERVICE BY MAIL	HEARING DATE: HEARING TIME: DEPT.:

NOTICE: To serve temporary restraining orders you must use personal service (see form FL-330).

1. I am at least 18 years of age, not a party to this action, and I am a resident of or employed in the county where the mailing took place.
2. My residence or business address is:
3. I served a copy of the following documents (*specify*):

by enclosing them in an envelope AND

- a. ☐ **depositing** the sealed envelope with the United States Postal Service with the postage fully prepaid.
- b. ☐ **placing** the envelope for collection and mailing on the date and at the place shown in item 4 following our ordinary business practices. I am readily familiar with this business's practice for collecting and processing correspondence for mailing. On the same day that correspondence is placed for collection and mailing, it is deposited in the ordinary course of business with the United States Postal Service in a sealed envelope with postage fully prepaid.

4. The envelope was addressed and mailed as follows:

- a. Name of person served:
- b. Address:
- c. Date mailed:
- d. Place of mailing (*city and state*):

5. ☐ I served a request to modify a child custody, visitation, or child support judgment or permanent order which included an address verification declaration. (*Declaration Regarding Address Verification—Postjudgment Request to Modify a Child Custody, Visitation, or Child Support Order* (form FL-334) may be used for this purpose.)

6. 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 PERSON COMPLETING THIS FORM)