PARTY WITHOUT ATTORNEY OR ATTORNEY	STATE BAR NUMBER:	*FOR COURT USE ONLY*
NAME:		
FIRM NAME:		
STREET ADDRESS:		
CITY: STATE: ZIP CODE:		
TELEPHONE NO.: FAX NO.:		
E-MAIL ADDRESS:		
ATTORNEY FOR (*name*):		

SUPERIOR COURT OF CALIFORNIA, COUNTY OF
  STREET ADDRESS:
  MAILING ADDRESS:
 CITY AND ZIP CODE:
  BRANCH NAME:

  PETITIONER:

  RESPONDENT:

  OTHER PARTY:

RESPONSE TO NOTICE OF MOTION TO CANCEL (SET ASIDE) JUDGMENT OF PARENTAGE	
HEARING DATE: TIME: DEPARTMENT OR ROOM:	CASE NUMBER:

INSTRUCTIONS

• Complete this form if you do not agree with the requests made in the *Notice of Motion to Cancel (Set Aside) Judgment of Parentage* (form FL-272) filed in this case.

• After you complete the form, take the original plus three copies to the court clerk to file.

• After you file, copies of the form must be "served" on the other parties in the case and you must file the proof of service with the court. See *Information Sheet for Service of Process* (   ) for information about completing a proof of service.

• Make sure you go to the court hearing listed in item 1 of form FL-272.

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1. Information about the judgment of parentage provided in the motion (item 6 of form FL-272):

    a. ☐ I agree with the information provided about the judgment of parentage.

    b. ☐ I do not agree with the information provided about the judgment of parentage because *(specify why you do not agree):*

2. Request for genetic testing to establish parentage:

    a. ☐ I agree to submit to genetic testing.

    b. ☐ I do not agree to submit to genetic testing because *(specify why you do not agree):*

3. Request to appoint a guardian ad litem for each child listed at issue *(a guardian ad litem is an adult appointed by the court who advocates or speaks on behalf of a child):*

    a. ☐ I agree to the appointment of a guardian ad litem.

    b. ☐ I do not agree to the appointment of a guardian ad litem.

4. ☐ The request is not complete because *(specify):*

5. ☐ The request is not timely because *(specify):*

**RESPONSE TO NOTICE OF MOTION TO CANCEL
(SET ASIDE) JUDGMENT OF PARENTAGE**

PETITIONER: RESPONDENT: OTHER PARTY:	CASE NUMBER:

6. ☐ The request is not proper because *(specify):*

7. The facts in support of this response are *(check all that apply):*

   a. ☐ The parentage judgment resulted from a divorce, legal separation, or nullity.

   b. ☐ The parents of the child were married and living together as spouses at the time of conception and birth, and no exceptions to the marriage presumption contained in Family Code section 7540 apply.

   c. ☐ The parentage judgment was not issued in California.

   d. ☐ There is another California judgment of parentage in a different case for the same previously established parent and child.

   e. ☐ There is a voluntary declaration of parentage or paternity, and there is no basis to set it aside.

   f. ☐ Genetic testing was conducted before the judgment that indicated the previously established parent is the genetic parent of the child.

   g. ☐ The parentage judgment is based on an adoption.

   h. ☐ The child was conceived by artificial insemination, and the parentage judgment is based on Family Code section 7613.

   i. ☐ The child was conceived under a surrogacy agreement.

   j. ☐ The request is not in the best interest of the child because *(specify):*

   k. ☐ Other *(specify):*

☐ Contained in the attached declaration.

I declare under penalty of perjury under the laws of the State of California that the information above is true and correct.

Date:

▶

_____
(TYPE OR PRINT NAME)

_____
(SIGNATURE OF PARTY RESPONDING TO REQUEST)

Requests for Accommodations
Assistive listening systems, computer-assisted real-time captioning, or sign language interpreter services are available if you ask at least five days before the proceeding. Contact the clerk's office or go to *www.courts.ca.gov/forms* for *Request for Accommodations by Persons With Disabilities and Response* (   ). (Civ. Code, § 54.8.)

RESPONSE TO NOTICE OF MOTION TO CANCEL (SET ASIDE) JUDGMENT OF PARENTAGE

PETITIONER:	CASE NUMBER:
RESPONDENT:	
OTHER PARTY:	

An adult *other than you* must complete the Proof of Service below and provide a copy of this response to the other party or the other party's attorney and the local child support agency, if it is providing services for the children in this case, and any alleged or presumed parent who was served with form FL-272. See *Information Sheet for Service of Process* (   ) for more information about completing a proof of service.

PROOF OF SERVICE

1. When I served this response, I was at least 18 years of age and not a party to the legal action.
2. I served this response and any other forms filed with the response as follows *(check a or b below for each person served):*

   a. ☐ **Personal service.** I personally delivered a copy of this response as follows:

      ☐ (1) Name of party or attorney served: ☐ (2) Name of local child support agency served:

         (a) Address where delivered: (a) Address where delivered:

         (b) Date of delivery: (b) Date of delivery:

         (c) Time of delivery: (c) Time of delivery:

   b. ☐ **Mail.** I deposited this response in the United States mail, in a sealed envelope with first-class postage fully prepaid, addressed as follows:

      ☐ (1) Name of party or attorney served: ☐ (2) Name of local child support agency served:

         (a) Address: (a) Address:

         (b) Date of mailing: (b) Date of mailing:

         (c) Place of mailing *(city and state):*   (c) Place of mailing *(city and state):*

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 WHO SERVED RESPONSE)