

ATTORNEY OR PARTY WITHOUT ATTORNEY OR GOVERNMENTAL AGENCY <i>(under Family Code, §§ 17400, 17406) (Name, state bar number, and address):</i>		TELEPHONE AND FAX NOS.:	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:			
RESPONSIVE DECLARATION TO MOTION FOR SIMPLIFIED MODIFICATION OF ORDER FOR CHILD, SPOUSAL, OR FAMILY SUPPORT			
HEARING DATE:	TIME:	DEPT., ROOM, OR DIVISION:	CASE NUMBER:

1. I consent to the request contained in the *Notice of Motion and Motion for Simplified Modification of Order for Child, Spousal, or Family Support* (form FL-390).

2. I object to the request contained in the *Notice of Motion and Motion for Simplified Modification of Order for Child, Spousal, or Family Support* (form FL-390) for the following reasons *(check one or more)*:
 - a. My income is incorrectly stated.
 - b. The other parent's income is incorrectly stated.
 - c. I am entitled to the hardship deductions as shown in my attached *Financial Statement (Simplified)* (form FL-155) or my *Income and Expense Declaration* (form FL-150).
 - d. The other parent is not entitled to hardship deductions as claimed.
 - e. The amount of support is not computed correctly.
 - f. OTHER *(specify)*:

3. I have attached the following:
 - a. A completed copy of my *Financial Statement (Simplified)* (form FL-155) or my *Income and Expense Declaration* (form FL-150).
 - b. A guideline support calculation sheet.
 - c. OTHER *(specify)*:

NOTICE TO BOTH PARENTS

You must bring copies of your three most recent pay stubs and your two most recent federal and state tax returns (whether individual or joint) to the hearing.

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)

PETITIONER/PLAINTIFF:	CASE NUMBER:
RESPONDENT/DEFENDANT:	
OTHER PARENT:	

PROOF OF SERVICE

This *Responsive Declaration* must be served on the other party. If the action was brought by the local child support agency, the local child support agency is enforcing the order, or the child is receiving TANF, the *Responsive Declaration* must also be served on the local child support agency of the county where the action is filed. Service of the *Responsive Declaration* on the local child support agency and other party may be made by anyone at least 18 years of age EXCEPT you.

Service is made in one of the following ways:

(1) Personally delivering it to the office of the local child support agency and to the other party.

OR

(2) Mailing it, postage prepaid, to the office of the local child support agency and to the other party.

Anyone at least 18 years of age EXCEPT A PARTY to this action may personally serve or mail the *Responsive Declaration*. Be sure whoever served the declaration fills out and signs this proof of service. The *Responsive Declaration* cannot be filed with the court until the local child support agency and the other party are served and this proof of service is properly completed.


1. At the time of service I was at least 18 years of age and not a party to the legal action.
2. I served a copy of the foregoing *Responsive Declaration* as follows (check either a. or b. below for each person served):
 - a. **Personal service.** I personally delivered a copy of the *Responsive Declaration to Motion for Simplified Modification of Order for Child, Spousal, or Family Support* as follows:

<input type="checkbox"/> (1) Name of party or attorney served: (a) Address where delivered: (b) Date of delivery: (c) Time of delivery:	<input type="checkbox"/> (2) Name of local child support agency served: (a) Address where delivered: (b) Date of delivery: (c) Time of delivery:
--	---
 - b. **Mail.** I deposited a copy of the *Responsive Declaration to Motion for Simplified Modification of Order for Child, Spousal, or Family Support* in the United States mail, in a sealed envelope with postage fully prepaid, addressed as follows:

<input type="checkbox"/> (1) Name of party or attorney served: (a) Address: (b) Date of mailing: (c) Time of mailing:	<input type="checkbox"/> (2) Name of local child support agency served: (a) Address: (b) Date of mailing: (c) Time of mailing:
--	---

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 RESPONSIVE DECLARATION)
----------------------	--