

ATTORNEY OR PARTY WITHOUT ATTORNEY (<i>Name, state bar number, and address</i>): TELEPHONE NO.: _____ FAX NO.: _____ ATTORNEY FOR (<i>Name</i>): _____	FOR COURT USE ONLY CASE NUMBER: _____
SUPERIOR COURT OF CALIFORNIA, COUNTY OF STREET ADDRESS: MAILING ADDRESS: CITY AND ZIP CODE: BRANCH NAME:	
PETITIONER: RESPONDENT:	
REQUEST FOR HEARING REGARDING REGISTRATION OF OUT-OF-STATE CUSTODY DECREE	

NOTICE OF HEARING

1. A hearing on this application will be held as follows:

a. Date:	Time:	Dept:	Div.:	Room:
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b. The address of the court is same as noted above other (*specify*):

2. I request that service of the registration of custody be vacated (canceled) because:

- a. The court or tribunal that issued the order did not have personal jurisdiction over me.
- b. The custody order has been vacated, stayed, or modified by a later order made by a court having jurisdiction to do so. (*Please attach a copy of the later order.*)
- c. I was entitled to notice of the original order, but did not receive that notice in the proceedings before the court that issued the order.
- d. 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)

PETITIONER: RESPONDENT:	CASE NUMBER:
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CLERK'S CERTIFICATE OF MAILING

I certify that I am not a party to this cause and that a true copy of the *Request for Hearing Regarding Registration of Out-of-State Custody Decree* was mailed first class, postage fully prepaid, in a sealed envelope addressed as shown below, and that the notice was mailed

at *(place)*: _____, California,

on *(date)*:

Date: _____ Clerk, by _____, Deputy

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