

GOVERNMENTAL AGENCY (under Family Code, §§ 17400, 17406) OR ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, State Bar number, and address):    TELEPHONE NO.: _____ FAX NO. (Optional): _____ E-MAIL ADDRESS (Optional): _____ ATTORNEY FOR (Name): _____	<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:  OTHER PARENT:	
<b>NOTICE AND MOTION TO CANCEL (SET ASIDE) SUPPORT ORDER          BASED ON PRESUMED INCOME</b>	CASE NUMBER:

**If the support order is based on presumed income, you may file this motion and ask the court to cancel (set aside) the support order. If the court agrees with you, the court will issue another order based on the actual income, earning capacity, or income allowable by law. You must file the original of this motion and the attachments with the court clerk within one year from the date the first collection of support was made and serve a copy on all other parties in this case. Keep a copy of this motion for your records.**

1. To:  Petitioner/Plaintiff  Respondent/Defendant  Local child support agency  Other (specify):

A hearing on this motion will be held as follows (see instructions on how to get a hearing date):

a. Date: _____ Time: _____ <input type="checkbox"/> Dept.: _____ <input type="checkbox"/> Div.: _____ <input type="checkbox"/> Room: _____
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b. Address of court:  same as noted above  other (specify):

2. I am asking the court to cancel (set aside) the child support order in this case.
3. I am asking the court to issue another order because the current order is based on a presumed income that is different from the actual income.
4.  Attached is an *Income and Expense Declaration* (form FL-150) or a *Financial Statement (Simplified)* (form FL-155), or other information concerning income for any relevant years.
5.  Attached is my proposed *Answer to Complaint or Supplemental Complaint Regarding Parental Obligations (Governmental)* (form FL-610).
6.  My address and telephone number for receipt of all notices and court dates are as follows:

Address:  
 City, state, and zip code:  
 Home telephone:  
 Work telephone:

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)
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**This case may be referred to a court commissioner for hearing. By law, court commissioners do not have the authority to issue final orders and judgments in contested cases unless they are acting as temporary judges. The court commissioner in your case will act as a temporary judge unless, before the hearing, you or any other party objects to the commissioner acting as a temporary judge. The court commissioner may still hear your case to make findings and recommendations to a judge. However, if you object to the commissioner acting as a temporary judge, an order will not be made until a judge reviews your case.**

PETITIONER/PLAINTIFF: RESPONDENT/DEFENDANT: OTHER PARENT:	CASE NUMBER:
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**PROOF OF SERVICE**

1. At the time of service I was at least 18 years of age and not a party to the legal action.
2. My residence or business address is (*specify*):
3. I served a copy of the foregoing *Notice and Motion to Cancel (Set Aside) Support Order Based on Presumed Income (Governmental)* and all attachments as follows (*check either a, b, or c for each person served*):

a.  **Personal delivery.** I personally delivered a copy and all attachments as follows:

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

b.  **Mail.** I am a resident of or employed in the county where the mailing occurred.

- (1) I enclosed a copy in an envelope and
  - (a)  **deposited** the sealed envelope with the U.S. Postal Service with the postage fully prepaid.
  - (b)  **placed** the envelope for collection and mailing on the date and at the place shown below, 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 U.S. Postal Service in a sealed envelope with postage fully prepaid.

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|--|---|
| (2) <input type="checkbox"/> Name of party or attorney served: | (3) <input type="checkbox"/> Name of local child support agency served: |
| (a) Address:   | (a) Address:  |
| (b) Date mailed:   | (b) Date mailed:  |
| (c) Place of mailing ( <i>city and state</i> ):                | (c) Place of mailing ( <i>city and state</i> ):                         |

(3) **Address Verification** (*please specify*):

- (a)  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).
- (b)  The address for each individual identified in items 3a and 3b was
  - (i)  verified by the California Child Support Enforcement System (CSE) as the current primary mailing address on file.
  - (ii)  other (*specify*):

c.  **Other** (*specify code section*):

Additional page is attached.

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 MOTION)