| | | FL-200 |
|---|--|---|
| PARTY WITHOUT ATTORNEY OR ATTORNEY | STATE BAR NUMBER: | FOR COURT USE ONLY |
| NAME: | | |
| FIRM NAME: | | |
| STREET ADDRESS: | 0TATE: 710 000E | |
| CITY: TELEPHONE NO.: | STATE: ZIP CODE: FAX NO.: | |
| E-MAIL ADDRESS: | FAX NO | |
| ATTORNEY FOR (name): | | |
| SUPERIOR COURT OF CALIFORNIA, COUNTY OF | | |
| STREET ADDRESS: | | |
| MAILING ADDRESS: | | |
| CITY AND ZIP CODE: | | |
| BRANCH NAME: | | |
| PETITIONER: | | |
| RESPONDENT: | | |
| OTHER PARTY: | | |
| REQUEST FOR HEARING AND APPLICATION OF PA | • | CASE NUMBER: |
| INCTRLICTIONS | | |
| Use this form if you want to cancel (set aside) | | |
| usually signed at the hospital after a child is be Complete items 5–10. For more information ab | | |
| and Application to Cancel (Set Aside) Voluntar | | , , , |
| After you complete the form, take the original part of the second s | lus three copies to the court clerk to file. | |
| After you file, copies of the form must be "service court. See <i>Information Sheet for Service of Property Control of Prop</i> | | you must file the proof of service with the nabout completing a proof of service. |
| Make sure you go to the court hearing listed in | item 1. | |
| NOTICE OF HEADING | | |
| NOTICE OF HEARING (FOR COURT USE ONLY) | | |
| 1. TO ALL PARTIES. A COURT HEARING WILL BE HELD AS FOLLOWS: | | |
| a. Date: | ne: Dept.: | Room: |
| b. Address of court same as noted abo | : | |
| | | |
| WARNING to the person served with this re Responsive Declaration to Application to Cand appear at the hearing. (See page 2 of FL-285 | el (Set Aside) Voluntary Declaration of F | Parentage or Paternity () and |
| It is ordered that: | | |
| 3. Time for service until th | e hearing is shortened. Service must be | pe on or before (date): |
| 4. Any responsive declaration must be serv | • | , , |
| Date: | ou on on soleto (uuto). | |
| Date. | | JUDICIAL OFFICER |
| | | |
| REQUEST TO CANCEL (SET ASIDE | E) VOLUNTARY DECLARATION OF | PARENTAGE OR PATERNITY |
| 5 Person making this request | | |
| 5. Person making this request | | |
| a. My name is: | | |
| b. I am the: | | |
| (1) Petitioner | | |
| (2) Respondent | | |
| (3) Other (specify): | | |



(TYPE OR PRINT NAME) 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.)

(SIGNATURE OF PARTY MAKING REQUEST)