		FL-20V
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:		
REQUEST FOR HEARING AND APPLIC VOLUNTARY DECLARATION OF F		CASE NUMBER:
INSTRUCTIONS		
Use this form if you want to cancel (set aside usually signed at the hospital after a child is	) a voluntary declaration of parentage or porn. It can also be signed anytime after the	ne child was born, even many years later.
Complete items 5–10. For more information and Application to Cancel (Set Aside) Volunt		
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 "secourt. See <i>Information Sheet for Service of F</i>	Process (form FL-611) for more information	
Make sure you go to the court hearing listed in item 1.		
NOTICE OF HEARING		
(FOR COURT USE ONLY)		
1. TO ALL PARTIES. A COURT HEARING W	LL BE HELD AS FOLLOWS:	
a Date:	Time: Dept :	Poom:
	ime: Dept.:	Room:
b. Address of court same as noted	above other (specify):	
<ol> <li>WARNING to the person served with this request: The court may make the requested orders without you if you do not file a Responsive Declaration to Application to Cancel (Set Aside) Voluntary Declaration of Parentage or Paternity (form FL-285) and appear at the hearing. (See page 2 of FL-285 for more information and instructions for "serving" your response.)</li> </ol>		
It is ordered that:		
3. Time for service until	the hearing is shortened. Service must	be on or before <i>(date)</i> :
	ived on or before (date).	
Date:		JUDICIAL OFFICER
		JODICIAL OFFICER
REQUEST TO CANCEL (SET ASIE	DE) VOLUNTARY DECLARATION OF	F PARENTAGE OR PATERNITY
5. Person making this request		
a. My name is:		
b. I am the:		
(1) Petitioner		
(2) Respondent		
(3) Other (specify):		
(a) Land (apecity).		

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 MAKING 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 (form MC-410). (Civ. Code, § 54.8.)