

GOVERNMENTAL AGENCY (under Fam. Code, §§ 17400, 17406) or ATTORNEY OR PARTY WITHOUT ATTORNEY (<i>Name, state bar number, and address</i>): TELEPHONE NO.: _____ FAX NO. (<i>Optional</i>): _____ E-MAIL ADDRESS (<i>Optional</i>): _____ ATTORNEY FOR (<i>Name</i>): _____	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:	
ORDER AFTER HEARING ON MOTION TO SET ASIDE SUPPORT ORDER	CASE NUMBER: _____

1. This proceeding was heard on (*date*): _____ at (*time*): _____ in Dept: _____ Room: _____
 by Judge (*name*): _____ Temporary Judge

2. a. Petitioner/plaintiff present Attorney present (*name*): _____
 b. Respondent/defendant present Attorney present (*name*): _____
 c. Other parent present Attorney present (*name*): _____
 d. Governmental agency By (*name*): _____

3. The support order filed (*date*): _____ ordering (*name*): _____
 to pay support to (*name*): _____
 a. is not set aside
 b. is set aside on the following grounds (*specify*): _____

4. Other (*specify*): _____

Date: _____

Approved as conforming to court order: _____

(TYPE OR PRINT NAME)

JUDICIAL OFFICER

SIGNATURE OF ATTORNEY FOR PETITIONER//PLAINTIFF
 RESPONDENT/DEFENDANT
 OTHER PARENT