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:		
NOTICE OF MOTION TO CANCEL (SET ASIDE) JUDGMENT OF PARENTAGE		CASE NUMBER:

INSTRUCTIONS

- Use this form if you want to cancel (set aside) a judgment of parentage. A judgment of parentage (also known as paternity) is the final decision of a court naming the legal parents of a child.
- Complete items 5–12. You must also complete a *Declaration in Support of Motion to Cancel (Set Aside) Judgment of Parentage* (form FL-273) for each child in this request. For more information about completing these forms, see *Information Sheet for Completing Notice of Motion to Cancel (Set Aside) Judgment of Parentage* (form FL-274).
- After you complete the forms, take the originals plus three copies to the court clerk to file.
- After you file, copies of the form must be "served" on the other parties in the case and you must file the proof of service with the court. See *Information Sheet for Service of Process* (form FL-611) for information about completing a proof of service.
- 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 WILL BE HELD AS FOLLOWS:**

   a. Date: Time: ☐ Dept.: ☐ Room:

   b. Address of court ☐ same as noted above ☐ other *(specify):*

2. **WARNING to the person served with this request:** The court may make the requested orders without you if you do not file a *Response to Notice of Motion to Cancel (Set Aside) Judgment of Parentage* (**form FL-276**) and appear at the hearing. *(See page 2 of form FL-276 for more information and instructions for "serving" your response.)*

It is ordered that:

3. ☐ Time ☐ for service ☐ until the hearing is shortened. Service must be on or before *(date):*
4. ☐ Any responsive declaration must be served on or before *(date):*

Date:

JUDICIAL OFFICER

REQUEST TO CANCEL (SET ASIDE) JUDGMENT OF PARENTAGE

5. Person making this request
   a. My name is:
   b. I am the:
      (1) ☐ Petitioner
      (2) ☐ Respondent
      (3) ☐ Other *(specify):*

PETITIONER: RESPONDENT: OTHER PARTY:	CASE NUMBER:

6. Information about the judgment of parentage *(attach a copy if you have one)*:
   a. Date entered:
   b. County *(specify):*
   c. Information about all of the children listed in the judgment*:*

	Name of child	Date of birth	Voluntary declaration of parentage or paternity signed
(1)			☐ Yes ☐ No ☐ Unknown
(2)			☐ Yes ☐ No ☐ Unknown
(3)			☐ Yes ☐ No ☐ Unknown
(4)			☐ Yes ☐ No ☐ Unknown

   (5) ☐ Additional children are listed on an attached page.

7. ☐ Other cases involving the children *(check all that apply):*
   a. ☐ Divorce, legal separation, or nullity *(case number, if known):*
   b. ☐ Parentage, custody, or child support *(case number, if known):*
   c. ☐ Other *(case number, if known):*
   d. ☐ The local child support agency is providing services for the children in *(specify county):*

8. I request the court cancel (set aside) the judgment of parentage, any voluntary declaration of parentage or paternity, and any child support owed, order genetic testing, and enter a judgment of nonparentage for:
   a. ☐ all of the children listed in item 6c.
   b. ☐ the following children only *(specify):*

9. A *Declaration in Support of Motion to Cancel (Set Aside) Judgment of Parentage* (form FL-273) is attached for each child in item 8.

10. The marital presumption in Family Code section 7540 does not apply. *(The marital presumption means a child is legally considered to be a child of the marriage if the parents were married and living together as spouses at the time of conception and birth.)*

11. ☐ I request that the court appoint a guardian ad litem for each child listed in item 6. *(A guardian ad litem is an adult appointed by the court who advocates or speaks on behalf of a child.)*

12. ☐ Other requests *(specify):*

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.)

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PETITIONER: RESPONDENT: OTHER PARTY:	CASE NUMBER:

DECLARATION IN SUPPORT OF MOTION TO CANCEL (SET ASIDE) JUDGMENT OF PARENTAGE

(Attach a copy of this declaration for each child for whom relief is requested.)

1. The orders requested are for the following child. The legal name, home address, date of birth, and county of residence are *(specify if known, write "unknown" if unknown):*
   a. Child's name:
   b. Address:
   c. County of residence:
   d. Date of birth:

2. The name, mailing address, and county of residence, or, if deceased, the date and place of death, of the following persons are *(if unknown, write "unknown"):*
   a. **Previously Established Father**
      Name:
      Address:
      County of residence:
      ☐ Deceased Date of death:
      Place of death:
   b. **Previously Established Mother**
      Name:
      Address:
      County of residence:
      ☐ Deceased Date of death:
      Place of death:
   c. **Genetic Father** ☐ Same as above
      Name:
      Address:
      County of residence:
      ☐ Deceased Date of death:
      Place of death:
   d. **Genetic Mother** ☐ Same as above
      Name:
      Address:
      County of residence:
      ☐ Deceased Date of death:
      Place of death:
   e. **Guardian of the child**
      Name:
      Address:
      County of residence:
      ☐ Deceased Date of death:
      Place of death:
   f. **Person with primary physical custody of the child**
      Name:
      Address:
      County of residence:
      ☐ Deceased Date of death:
      Place of death:
   g. **Guardian ad litem of the child**
      Name:
      Address:
      County of residence:
      ☐ Deceased Date of death:
      Place of death:
   h. **Other *(specify):***
      Name:
      Address:
      County of residence:
      ☐ Deceased Date of death:
      Place of death:

3. In support of this request, I declare:
   a. I believe the previously established parent is not the genetic parent of the child. The specific reasons for this belief are *(specify):*

☐ included in the attached page(s).

Form Adopted for Mandatory Use
Judicial Council of California
FL-273 [Rev. January 1, 2020]

Family Code, §§ 7576, 7577, 7646
www.courts.ca.gov

PETITIONER: RESPONDENT: OTHER PARTY:	CASE NUMBER:

3. b. There ☐ is ☐ is not another judgment of parentage in a different case for the same previously established parent and child. The other court case is *(specify case number, state, and county of court):*

A copy of the other judgment ☐ is ☐ is not attached. *(If not attached, explain why.)*

c. Other *(specify):*

COMPLETE THIS SECTION ONLY IF THERE IS A VOLUNTARY DECLARATION OF PARENTAGE OR PATERNITY

4. ☐ The previously established parent has signed a voluntary declaration of parentage or paternity for the child involved.
   a. A copy of the voluntary declaration ☐ is ☐ is not attached. *(If not attached, explain why not.)*

   b. ☐ A court order was entered based on the voluntary declaration of parentage or paternity on *(date):* ,
   in case number *(specify):*

   c. ☐ The voluntary declaration of parentage or paternity should be canceled (set aside) because of *(check all that apply):*

   (1) ☐ Fraud (I was kept in ignorance of the true facts by another person.)

   (2) ☐ Duress (I was threatened or mentally coerced into signing the declaration.)

   (3) ☐ Material mistake of fact (I thought the facts were different from what they really are.)

   The following reasons apply only to voluntary declarations filed before January 1, 2020 ***or*** *if you did not sign the declaration*.

   (4) ☐ My mistake, inadvertence, surprise, or excusable neglect

   (5) ☐ Other *(specify):*

   d. ☐ The voluntary declaration of parentage or paternity is void (invalid) because *(specify):*

   e. Explain the facts that support your request:

☐ 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)

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.:	
EMAIL ADDRESS:		
ATTORNEY FOR *(name)*:		
SUPERIOR COURT OF CALIFORNIA, COUNTY OF		
STREET ADDRESS:		
MAILING ADDRESS:		
CITY AND ZIP CODE:		
BRANCH NAME:		
PETITIONER:		
RESPONDENT:		
OTHER PARENT/PARTY:		

REQUEST FOR ORDER ☐ **CHANGE** ☐ **TEMPORARY EMERGENCY ORDERS**

☐ Child Custody ☐ Visitation (Parenting Time) ☐ Spousal or Partner Support
☐ Child Support ☐ Property Control ☐ Attorney's Fees and Costs
☐ Other *(specify)*:

CASE NUMBER:

Note: Read form FL-300-INFO for information about how to complete this form. To ask to change or end an order that was granted in a Restraining Order After Hearing (form DV-130 or JV-255), read form FL-300-INFO and form DV-300-INFO

NOTICE OF HEARING

1. TO *(name)*: _____
   ☐ Petitioner ☐ Respondent ☐ Other Parent/Party ☐ Other *(specify)*:

2. **A COURT HEARING WILL BE HELD AS FOLLOWS:**

   a. Date: Time: ☐ Dept.: ☐ Room.:
   b. Address of court ☐ same as noted above ☐ other *(specify)*:

3. **WARNING to the person served with the *Request for Order*:** The court may make the requested orders without you if you do not file a *Responsive Declaration to Request for Order* (form FL-320), serve a copy on the other parties at least nine court days before the hearing (unless the court has ordered a shorter period of time), and appear at the hearing. *(See form FL-320-INFO for more information.)*

COURT ORDER

(FOR COURT USE ONLY)

It is ordered that:

4. ☐ Time ☐ for service ☐ until the hearing is shortened. Service must be on or before *(date)*:
5. ☐ A *Responsive Declaration to Request for Order* (form FL-320) must be served on or before *(date)*:
6. ☐ The parties must attend an appointment for child custody mediation or child custody recommending counseling as follows *(specify date, time, and location)*:

7. ☐ The orders in *Temporary Emergency (Ex Parte) Orders* (form FL-305) apply to this proceeding and must be personally served with all documents filed with this *Request for Order*.
8. ☐ Other *(specify)*:

Date:

_____
JUDICIAL OFFICER

Form Adopted for Mandatory Use
Judicial Council of California
FL-300 [Rev. July 1, 2025]

Family Code, §§ 2045, 2107, 6224, 6226, 6320–6326, 6380–6383
Government Code, § 70612
Cal. Rules of Court, rule 5.92
courts.ca.gov

PETITIONER: RESPONDENT: OTHER PARENT/PARTY:	CASE NUMBER:

REQUEST FOR ORDER

Note: Place a mark **X** in front of the box that applies to your case or to your request. If you need more space, mark the box for "Attachment." For example, mark "Attachment 2a" to indicate that the list of children's names and birth dates continues on a paper attached to this form. Then, on a sheet of paper, list each attachment number followed by your request. At the top of the paper, write your name, case number, and "FL-300" as a title. (You may use *Attached Declaration* (form MC-031) for this purpose.)

1. ☐ RESTRAINING ORDER INFORMATION
   One or more domestic violence restraining/protective orders are now in effect between *(specify):*
   ☐ Petitioner ☐ Respondent ☐ Other Parent/Party *(Attach a copy of the orders if you have one.)*
   The orders are from the following court or courts *(specify county and state):*
   a. ☐ Criminal: County/state *(specify):* Case No. *(if known)*:
   b. ☐ Family: County/state *(specify):* Case No. *(if known)*:
   c. ☐ Juvenile: County/state *(specify):* Case No. *(if known)*:
   d. ☐ Other: County/state *(specify):* Case No. *(if known)*:

2. ☐ CHILD CUSTODY
   ☐ VISITATION (PARENTING TIME)
   ☐ I request temporary emergency orders
   a. I request that the court make orders about the following children *(specify):*

Child's Name	Date of Birth	☐ Legal Custody to *(person who decides: health, education, etc):*	☐ Physical Custody to *(person with whom child lives):*

   ☐ Attachment 2a.
   b. ☐ The orders I request for ☐ child custody ☐ visitation (parenting time) are:
      (1) ☐ Specified in the attached forms:
      ☐ Form FL-305 ☐ Form FL-311 ☐ Form FL-312 ☐ Form FL-341(C)
      ☐ Form FL-341(D) ☐ Form FL-341(E) ☐ Other *(specify):*
      (2) ☐ As follows *(specify):* ☐ Attachment 2b.
   c. The orders that I request are in the best interest of the children because *(specify):* ☐ Attachment 2c.

PETITIONER: RESPONDENT: OTHER PARENT/PARTY:	CASE NUMBER:

2. d. ☐ This is a change from the current order for ☐ child custody ☐ visitation (parenting time).
(1) ☐ The order for legal or physical custody was filed on *(date)*: . The court ordered *(specify)*:

(2) ☐ The visitation (parenting time) order was filed on *(date)*: . The court ordered *(specify)*:

☐ Attachment 2d.

3. ☐ CHILD SUPPORT
(Note: An earnings assignment may be issued. See *Income Withholding for Support* (form FL-195)
a. I request that the court order child support as follows:

Child's name and age	☐ I request support for each child based on the child support guideline.	Monthly amount ($) requested (if not by guideline)

☐ Attachment 3a.

b. ☐ I want to change a current court order for child support filed on *(date):*
The court ordered child support as follows *(specify):*

c. I have completed and filed with this *Request for Order* a current *Income and Expense Declaration* (form FL-150) or I filed a current *Financial Statement (Simplified)* (form FL-155) because I meet the requirements to file form FL-155.

d. The court should make or change the support orders because *(specify)*: ☐ Attachment 3d.

4. ☐ SPOUSAL OR DOMESTIC PARTNER SUPPORT
(Note: An *Earnings Assignment Order for Spousal or Partner Support* (form FL-435) may be issued.)
a. ☐ Amount requested *(monthly):* $
b. ☐ I want the court to ☐ change ☐ end the current support order filed on *(date):*
The court ordered $ per month for support.
c. ☐ This request is to modify (change) spousal or partner support after entry of a judgment.
I have completed and attached *Spousal or Partner Support Declaration Attachment* (form FL-157) or a declaration that addresses the same factors covered in form FL-157.
d. I have completed and filed a current *Income and Expense Declaration* (form FL-150) in support of my request.
e. The court should make, change, or end the support orders because *(specify):* ☐ Attachment 4e.

PETITIONER: RESPONDENT: OTHER PARENT/PARTY:	CASE NUMBER:

5. ☐ PROPERTY CONTROL ☐ I request temporary emergency orders
   a. The ☐ petitioner ☐ respondent ☐ other parent/party be given exclusive temporary use, possession, and control of the following property that we ☐ own or are buying ☐ lease or rent *(specify):*

   b. The ☐ petitioner ☐ respondent ☐ other parent/party be ordered to make the following payments on debts and liens coming due while the order is in effect:
      Pay to: _____ For: _____ Amount: $ _____ Due date: _____
      Pay to: _____ For: _____ Amount: $ _____ Due date: _____
      Pay to: _____ For: _____ Amount: $ _____ Due date: _____
      Pay to: _____ For: _____ Amount: $ _____ Due date: _____

   c. ☐ This is a change from the current order for property control filed on *(date):*

   d. Specify in Attachment 5d the reasons why the court should make or change the property control orders.

6. ☐ ATTORNEY'S FEES AND COSTS
   I request attorney's fees and costs, which total *(specify amount):* $. I filed the following to support my request:
   a. A current *Income and Expense Declaration* (form FL-150).
   b. A *Request for Attorney's Fees and Costs Attachment* (form FL-319) or a declaration that addresses the factors covered in that form.
   c. A *Supporting Declaration for Attorney's Fees and Costs Attachment* (form FL-158) or a declaration that addresses the factors covered in that form.

7. ☐ OTHER ORDERS REQUESTED *(specify):* ☐ Attachment 7.

8. ☐ TIME FOR SERVICE / TIME UNTIL HEARING I urgently need:
   a. ☐ To serve the *Request for Order* no less than *(number):* court days before the hearing.
   b. ☐ The hearing date and service of the *Request for Order* to be sooner.
   c. I need the order because *(specify):* ☐ Attachment 8.

9. ☐ FACTS TO SUPPORT the orders I request are listed below. The facts that I write in support and attach to this request cannot be longer than 10 pages, unless the court gives me permission. ☐ Attachment 9.

I declare under penalty of perjury under the laws of the State of California that the information provided in this form and all attachments is true and correct.

Date:

(TYPE OR PRINT NAME)

(SIGNATURE OF APPLICANT)

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 courts.ca.gov/forms for *Disability Accommodations Request* (form MC-410). (Civ. Code, § 54.8.)

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:			
RESPONSE TO NOTICE OF MOTION TO CANCEL (SET ASIDE) JUDGMENT OF PARENTAGE			
HEARING DATE:	TIME:	DEPARTMENT OR ROOM:	CASE NUMBER:

INSTRUCTIONS

- Complete this form if you do not agree with the requests made in the *Notice of Motion to Cancel (Set Aside) Judgment of Parentage* (form FL-272) filed in this case.
- 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 "served" on the other parties in the case and you must file the proof of service with the court. See *Information Sheet for Service of Process* (form FL-611) for information about completing a proof of service.
- Make sure you go to the court hearing listed in item 1 of form FL-272.

1. Information about the judgment of parentage provided in the motion (item 6 of form FL-272):
   a. ☐ I agree with the information provided about the judgment of parentage.
   b. ☐ I do not agree with the information provided about the judgment of parentage because *(specify why you do not agree):*

2. Request for genetic testing to establish parentage:
   a. ☐ I agree to submit to genetic testing.
   b. ☐ I do not agree to submit to genetic testing because *(specify why you do not agree):*

3. Request to appoint a guardian ad litem for each child listed at issue *(a guardian ad litem is an adult appointed by the court who advocates or speaks on behalf of a child):*
   a. ☐ I agree to the appointment of a guardian ad litem.
   b. ☐ I do not agree to the appointment of a guardian ad litem.

4. ☐ The request is not complete because *(specify):*

5. ☐ The request is not timely because *(specify):*

Form Adopted for Mandatory Use
Judicial Council of California
FL-276 [Rev. January 1, 2020]

Family Code, §§ 7576, 7577, 7646
www.courts.ca.gov

PETITIONER: RESPONDENT: OTHER PARTY:	CASE NUMBER:

6. ☐ The request is not proper because *(specify):*

7. The facts in support of this response are *(check all that apply):*
   a. ☐ The parentage judgment resulted from a divorce, legal separation, or nullity.
   b. ☐ The parents of the child were married and living together as spouses at the time of conception and birth, and no exceptions to the marriage presumption contained in Family Code section 7540 apply.
   c. ☐ The parentage judgment was not issued in California.
   d. ☐ There is another California judgment of parentage in a different case for the same previously established parent and child.
   e. ☐ There is a voluntary declaration of parentage or paternity, and there is no basis to set it aside.
   f. ☐ Genetic testing was conducted before the judgment that indicated the previously established parent is the genetic parent of the child.
   g. ☐ The parentage judgment is based on an adoption.
   h. ☐ The child was conceived by artificial insemination, and the parentage judgment is based on Family Code section 7613.
   i. ☐ The child was conceived under a surrogacy agreement.
   j. ☐ The request is not in the best interest of the child because *(specify):*

   k. ☐ Other *(specify):*

☐ 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 RESPONDING TO 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.)

PETITIONER: RESPONDENT: OTHER PARTY:	CASE NUMBER:

An adult *other than you* must complete the Proof of Service below and provide a copy of this response to the other party or the other party's attorney and the local child support agency, if it is providing services for the children in this case, and any alleged or presumed parent who was served with form FL-272. See *Information Sheet for Service of Process* (form FL-611) for more information about completing a proof of service.

PROOF OF SERVICE

1. When I served this response, I was at least 18 years of age and not a party to the legal action.
2. I served this response and any other forms filed with the response as follows *(check a or b below for each person served):*

a. ☐ **Personal service.** I personally delivered a copy of this response as follows:

☐ (1) Name of party or attorney served:

(a) Address where delivered:

(b) Date of delivery:

(c) Time of delivery:

☐ (2) Name of local child support agency served:

(a) Address where delivered:

(b) Date of delivery:

(c) Time of delivery:

b. ☐ **Mail.** I deposited this response in the United States mail, in a sealed envelope with first-class postage fully prepaid, addressed as follows:

☐ (1) Name of party or attorney served:

(a) Address:

(b) Date of mailing:

(c) Place of mailing *(city and state):*

☐ (2) Name of local child support agency served:

(a) Address:

(b) Date of mailing:

(c) Place of mailing *(city and state):*

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 RESPONSE)

For your protection and privacy, please press the Clear This Form button after you have printed the form.

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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:		
ORDER AFTER HEARING ON MOTION TO CANCEL (SET ASIDE) JUDGMENT OF PARENTAGE		CASE NUMBER:

1. This matter proceeded as follows: ☐ Uncontested ☐ By stipulation ☐ Contested
   a. Date: Dept.: Judicial officer:
   b. ☐ Petitioner present ☐ Attorney present *(name):*
   c. ☐ Respondent present ☐ Attorney present *(name):*
   d. ☐ Other party present ☐ Attorney present *(name):*
   e. ☐ Children present *(name):* ☐ Attorney present *(name):*
   f. ☐ Guardian ad litem present *(name):*
   g. ☐ Attorney for local child support agency present *(name):*
   h. ☐ Other *(specify):*
2. For purposes of this order, the previously established parents are *(names):*
   a.
   b.
   c.

THE COURT FINDS

3. The following facts exist regarding the previously established parents and the children listed below:

	Name of child	Date of birth	Genetic Father	Parentage Judgment	Filed Voluntary Declaration of Parentage or Paternity
a.			☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
b.			☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
c.			☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
d.			☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
e.			☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
f.			☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
g.			☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
h.			☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No

   i. ☐ Additional children are listed on a page attached to this order.

Form Adopted for Mandatory Use
Judicial Council of California
FL-278 [Rev. September 1, 2021]

Family Code, §§ 7576, 7577, 7646
www.courts.ca.gov

PETITIONER: RESPONDENT: OTHER PARTY:	CASE NUMBER:

4. ☐ The court finds the voluntary declaration of parentage or paternity is void (invalid) for the following children *(specify):*

5. Other *(specify):*

THE COURT ORDERS

6. All orders previously made in this action will remain in full force and effect except as specifically modified below.

	Name of child	Date of birth	Judgment of Parentage Canceled (Set Aside)	Voluntary Declaration of Parentage or Paternity Canceled (Set Aside)
a.			☐ Yes ☐ No	☐ Yes ☐ No ☐ N/A
b.			☐ Yes ☐ No	☐ Yes ☐ No ☐ N/A
c.			☐ Yes ☐ No	☐ Yes ☐ No ☐ N/A
d.			☐ Yes ☐ No	☐ Yes ☐ No ☐ N/A
e.			☐ Yes ☐ No	☐ Yes ☐ No ☐ N/A
f.			☐ Yes ☐ No	☐ Yes ☐ No ☐ N/A
g.			☐ Yes ☐ No	☐ Yes ☐ No ☐ N/A
h.			☐ Yes ☐ No	☐ Yes ☐ No ☐ N/A

i. ☐ Additional children are listed on a page attached to this order.

All child support and arrearage orders concerning each child for whom a previous judgment of parentage has been canceled (set aside) are vacated. The previously established parent has no right to reimbursement for any child support paid before the cancellation (set-aside) of the judgment of parentage or voluntary declaration of parentage or paternity.

j. ☐ A judgment of nonparentage is granted with respect to the following children *(specify):*

k. ☐ The motion is denied, based upon the best interest of the child, with regard to the following children *(specify):*

7. For the children named in item 6k, the court denies the motion to cancel (set aside) because of *(check all that apply):*

a. ☐ The age of the child *(specify):*

b. ☐ The length of time since the entry of the judgment establishing parentage *(specify time period):*

c. ☐ The nature, duration, and quality of the relationship between the previously established parent and the child, including the duration and frequency of any time periods during which the child and the previously established parent resided in the same household or enjoyed a parent-child relationship *(specify):*

d. ☐ The fact that the previously established parent has requested that the parent-child relationship continue.

e. ☐ The fact that the genetic parent of the child does not oppose preservation of the relationship between the previously established parent and the child.

PETITIONER: RESPONDENT: OTHER PARTY:	CASE NUMBER:

7. f. ☐ The fact that there would be a detriment to the child if the genetic parent were established as the parent *(explain):*

g. ☐ The fact that the previously established parent has hindered the ability to discover the identity of, or get support from, the genetic parent *(specify):*

h. ☐ Other factors concerning the best interest of the child *(specify):*

8. ☐ If the voluntary declaration of parentage or paternity is canceled (set aside), or the court makes a finding that the voluntary declaration is void (invalid), the court clerk must send a copy of this order to the California Department of Child Support Services: **DCSS-POP Unit, P.O. Box 419070-MS 241, Rancho Cordova, CA 95741-9070**.

9. ☐ The court further orders *(specify):*

Date:

JUDICIAL OFFICER

☐ SIGNATURE FOLLOWS LAST ATTACHMENT

Number of pages attached: _____

Approved as conforming to court order:
Date:

SIGNATURE OF ATTORNEY FOR *(specify):*

☐ PETITIONER ☐ RESPONDENT ☐ OTHER

Approved as conforming to court order:
Date:

SIGNATURE OF ATTORNEY FOR *(specify):*

☐ PETITIONER ☐ RESPONDENT ☐ OTHER

Approved as conforming to court order:
Date:

SIGNATURE OF ATTORNEY FOR *(specify):*

☐ PETITIONER ☐ RESPONDENT ☐ OTHER

Approved as conforming to court order:
Date:

SIGNATURE OF ATTORNEY FOR *(specify):*

☐ PETITIONER ☐ RESPONDENT ☐ OTHER

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ATTORNEY OR PARTY WITHOUT ATTORNEY OR GOVERNMENTAL AGENCY (under Family Code, §§ 17400,17406 *(Name, State Bar number, and address):*	*FOR COURT USE ONLY*
TELEPHONE NO.: FAX NO.: ATTORNEY FOR *(Name):*	
SUPERIOR COURT OF CALIFORNIA, COUNTY OF STREET ADDRESS: MAILING ADDRESS: CITY AND ZIP CODE: BRANCH NAME:	
PETITIONER/PLAINTIFF: RESPONDENT/DEFENDANT: OTHER PARENT/PARTY:	CASE NUMBER:
PROOF OF PERSONAL SERVICE	*(If applicable, provide):* HEARING DATE: HEARING TIME: DEPT.:

1. I am at least 18 years old, not a party to this action, and not a protected person listed in any of the orders.
2. Person served *(name):*
3. I served copies of the following documents *(specify):*

4. By personally delivering copies to the person served, as follows:
   a. Date: b. Time:
   c. Address:

5. I am
   a. ☐ not a registered California process server.
   b. ☐ a registered California process server.
   c. ☐ an employee or independent contractor of a registered California process server.
   d. ☐ exempt from registration under Business & Profession Code section 22350(b).
   e. ☐ a California sheriff or marshal.

6. My name, address, and telephone number, and, if applicable, county of registration and number *(specify):*

7. ☐ I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.
8. ☐ I am a California sheriff or marshal and I certify that the foregoing is true and correct.

Date:

(TYPE OR PRINT NAME OF PERSON WHO SERVED THE PAPERS)

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