

SAMPLES

CS ANSWER

Rev. 4/2016

**Use the samples to help you complete
the packet of blank forms.**

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, state bar number, and address): YOUR NAME YOUR MAILING ADDRESS TELEPHONE NO. (Optional): _____ FAX NO. (Optional): _____ E-MAIL ADDRESS (Optional): _____ ATTORNEY FOR (Name): Self-Represented	FOR COURT USE ONLY <h1 style="margin: 0;">SAMPLE ONLY</h1> <h2 style="margin: 0;">Do not write on this copy!</h2>
SUPERIOR COURT OF CALIFORNIA, COUNTY OF Santa Clara STREET ADDRESS: 201 N. First Street, San Jose, CA MAILING ADDRESS: 191 N. First Street CITY AND ZIP CODE: San Jose, CA 95113 BRANCH NAME: _____	
PETITIONER/PLAINTIFF: COUNTY OF SANTA CLARA RESPONDENT/DEFENDANT: RESPONDENT'S NAME OTHER PARENT: OTHER PARENT'S NAME	
ANSWER TO COMPLAINT OR SUPPLEMENTAL COMPLAINT REGARDING PARENTAL OBLIGATIONS	CASE NUMBER: YOUR CASE NUMBER

YOU MUST FILE THIS ANSWER WITH THE COURT IF YOU WISH TO OPPOSE THE LAWSUIT

If you disagree with the proposed judgment attached to the *Summons and Complaint*, you must file this *Answer* with the court clerk within 30 days of the date you were served with the *Complaint*. File the original *Answer* with the court clerk at the address for the superior court stated above and serve a copy on the local child support agency. Keep a copy for your records.

1. **PARENTAGE:** I am the parent of the following children:

		<u>Name of child</u>	<u>Date of Birth</u>		
<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	CHILD #1'S NAME	BIRTHDAY
<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	CHILD #2'S NAME	BIRTHDAY
<input type="checkbox"/>	Yes	<input type="checkbox"/>	No		
<input type="checkbox"/>	Yes	<input type="checkbox"/>	No		
<input type="checkbox"/>	Yes	<input type="checkbox"/>	No		
<input type="checkbox"/>	Yes	<input type="checkbox"/>	No		
<input type="checkbox"/>	Yes	<input type="checkbox"/>	No		

****CHECK "NO" IF YOU WANT A BLOOD TEST (PARENTAGE-TYPE GENETIC TESTING).
 **CHECK "YES" ONLY IF YOU ARE 100% SURE THE CHILD(REN) ARE YOURS.
 IF YOU DO NOT ASK FOR A BLOOD TEST NOW, YOU MAY NOT BE ABLE TO GET ONE LATER!**

Additional children are listed on a page attached to this *Answer*.

2. I request a genetic test to determine parentage be done for all children for whom I have checked a "No" box above. I understand that the local child support agency will pay for the cost of the testing now, but that I may have to repay those costs if the court decides that I am the parent.

3. **CHILD SUPPORT**

- a. I agree to pay support as stated in the proposed judgment.
- b. I disagree with the support requested. Attached is my completed *Income and Expense Declaration* (form FL-150) or *Financial Statement (Simplified)* (form FL-155). NOTE: You can file this *Answer* without either of these forms.

4. I disagree with the proposed judgment for the following reasons (*specify*):

HERE ARE TWO EXAMPLES OF HOW TO FILL OUT THIS SECTION:

A) I WANT A BLOOD TEST. I AM NOT SURE THE CHILDREN ARE MINE.

****OR****

B) I CANNOT AFFORD THE CHILD SUPPORT REQUESTED. HEALTH INSURANCE IS NOT AVAILABLE THROUGH MY EMPLOYER.

PETITIONER/PLAINTIFF: COUNTY OF SANTA CLARA RESPONDENT/DEFENDANT: RESPONDENT'S NAME OTHER PARENT: OTHER PARENT'S NAME	CASE NUMBER: YOUR CASE NUMBER
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5. My address and telephone number for receipt of all notices and court dates until I file a change with the court and with the local child support agency are as follows: **NOTE: IT IS IMPORTANT TO WRITE YOUR NAME & MAILING ADDRESS BELOW**

Address: **YOUR MAILING ADDRESS**
 City and Zip Code: **YOUR CITY, STATE AND ZIP CODE**
 Home Telephone: **YOUR HOME TELEPHONE NUMBER**
 Work Telephone: **YOUR WORK TELEPHONE NUMBER**
 E-mail Address (*optional*):

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date: **TODAY'S DATE**

PRINT YOUR NAME HERE

(TYPE OR PRINT NAME)

▶ SIGN YOUR NAME HERE

(SIGNATURE OF DECLARANT)

An adult other than you must complete the *Proof of Service* below and provide a copy of this *Answer* to the local child support agency at the following address (*specify*):

PROOF OF SERVICE

6. I am at least 18 years of age, and not a party to this action. I served this *Answer* and any other forms filed with the *Answer* on the local child support agency and any other party required to be served.
- a. **Personal delivery.** I personally delivered this *Answer* to an employee of the local child support agency as follows:
- (1) Name of employee:
 - (2) Address where delivered:
 - (3) Date of delivery:
 - (4) Time of delivery:
- b. **Mail.** I deposited this *Answer* in the United States mail, in a sealed envelope with postage fully prepaid. I used first class mail. The envelope was addressed and mailed as follows:
- (1) Name:
 - (2) Address:
 - (3) Date of mailing:
 - (4) 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 ANSWER)

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 a recommended order. If you do not like the recommended order, you must object to it within 10 court days in writing, (use *Notice of Objection (Governmental)*, (form FL-666); otherwise, the recommended order will become a final order of the Court.) If you object to the recommended order, a judge will make a temporary order and set a new hearing.