

SAMPLES

Driver's License Release

Rev. 4/2016

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

ATTORNEY OR PARTY WITHOUT ATTORNEY OR GOVERNMENTAL AGENCY (under Family Code §§ 17400, 17406) (Name and Address) : YOUR NAME YOUR STREET ADDRESS YOUR CITY, STATE, ZIP CODE TELEPHONE NO.: _____ FAX NO.: _____ ATTORNEY FOR (Name): In Pro Per	FOR COURT USE ONLY <div style="font-size: 2em; opacity: 0.5; font-weight: normal;"> SAMPLE ONLY Do not write on this copy! </div>
SUPERIOR COURT OF CALIFORNIA, COUNTY OF STREET ADDRESS: 201 North First Street MAILING ADDRESS: 191 North First Street CITY AND ZIP CODE: San Jose, CA 95113 BRANCH NAME: Family Branch	
PETITIONER/PLAINTIFF: County of Santa Clara RESPONDENT/DEFENDANT: YOUR NAME OTHER PARENT: OTHER'S PARTY NAME	
NOTICE OF MOTION FOR JUDICIAL REVIEW OF LICENSE DENIAL	CASE NUMBER: YOUR CASE NUMBER

See reverse for instructions.

1. On (date): DATE TALKED TO DCSS the local child support agency of (specify county) : **Santa Clara**
 denied a release form that would enable me to obtain the following license (specify): **CA Drivers License**

Name and address of licensing agency: **DMV, Sacramento CA**

2. I seek a judicial review of the local child support agency's denial on the following grounds (check all that apply):

a. There is no order for me to pay child support in this action.

b. I am not t

c. am in co

d. am in compliance with payments on the schedule for payment of arrearages or reimbursement.

e. Other (specify): CHECK "e." IF YOUR REASON IF IT IS NEITHER OF THE ABOVE.

**CHOOSE WHICH REASON
BEST FITS YOUR SITUATION.**

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 _____
(TYPE OR PRINT NAME)

▶ **SIGN YOUR NAME HERE** _____
(SIGNATURE OF DECLARANT)

3. A hearing on this motion will be held as follows:

Date: **LEAVE BLANK** Time: **LEAVE BLANK** Room: **LEAVE BLANK**
 Address: **LEAVE BLANK**

PETITIONER/PLAINTIFF: County of Santa Clara RESPONDENT/DEFENDANT: YOUR NAME OTHER PARENT: THE OTHER PARENT'S NAME	CASE NUMBER: YOUR CASE#
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This motion should be filed with a hearing scheduled as soon as possible after your local child support agency review.

INSTRUCTIONS

1. Complete the application on the reverse. Contact the clerk of the court for a hearing date, time, and place. Insert the information in box 3 on the reverse.
2. File the original *Notice of Motion for Judicial Review of License Denial* (form FL-670) with the court and keep two copies, because you will need them later.
3. Serve a copy of this form on the local child support agency which has certified your name for nonpayment of child support not later than seven days after the filing in court. Service of the papers may be made by (a) personal delivery OR (b) mailing the papers by first-class mail, postage prepaid, to the last known address of the other party. Anyone at least 18 years of age EXCEPT A PARTY may personally serve or mail the papers. Be sure whoever serves the papers fills out and signs the proof of service below.

PROOF OF SERVICE

4. At the time of service I was at least 18 years of age and not a party to this legal proceeding.
5. I served a copy of the *Notice of Motion for Judicial Review of License Denial* (form FL-670) in the manner shown below.
6. Manner of service on **LOCAL CHILD SUPPORT AGENCY**
 - a. **Personal service.** I personally delivered these papers to the local child support agency as follows:
 - (1) Local child support agency (*name*) : **LEAVE BLANK**
 - (2) Address where served:
LEAVE BLANK
 - (3) Date delivered: **LEAVE BLANK** (4) Time delivered: **LEAVE BLANK**
 - b. **First-class mail.** I deposited these papers with the United States Postal Service, in a sealed envelope with postage fully prepaid. I am a resident of or employed in the county where the notice was mailed. The envelope was addressed and mailed as follows:
 - (1) Local child support agency (*name*) : **LEAVE BLANK**
 - (2) Address where served:
LEAVE BLANK
 - (3) Date mailed: **LEAVE BLANK** (4) Place of mailing (*city, state*): **LEAVE BLANK**

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

Date: **LEAVE BLANK**

LEAVE BLANK _____
(TYPE OR PRINT NAME)

▶ **LEAVE BLANK** _____
(SIGNATURE OF PERSON WHO SERVED THE NOTICE)



ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, State Bar number, and address): _____ YOUR NAME YOUR ADDRESS TELEPHONE NO.: _____ FAX NO. (Optional): _____ E-MAIL ADDRESS (Optional): _____	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 STREET ADDRESS: 201 North First St. MAILING ADDRESS: 191 North First Street CITY AND ZIP CODE: San Jose, CA 95113 BRANCH NAME: _____	
PETITIONER/PLAINTIFF: COUNTY OF SANTA CLARA RESPONDENT/DEFENDANT: YOUR NAME OTHER PARENT/PARTY: OTHER PARENT'S NAME	CASE NUMBER: YOUR COURT CASE NUMBE <i>(If applicable, provide):</i> HEARING DATE: DATE OF HEARING HEARING TIME: TIME OF HEARING DEPT.: COURTROOM # _____
PROOF OF SERVICE BY MAIL	

NOTICE: To serve temporary restraining orders you must use personal service (see form FL-330).

1. I am at least 18 years of age, not a party to this action, and I am a resident of or employed in the county where the mailing took place.
2. My residence or business address is:

ADDRESS OF PERSON WHO MAILED YOUR FORMS TO THE OTHER PARENT

3. I served a copy of the following documents (specify):

Notice of Motion for Judicial Review of License Denial (FL-670)

by enclosing them in an envelope AND

- a. **depositing** the sealed envelope with the United States Postal Service with the postage fully prepaid.
- b. **placing** the envelope for collection and mailing on the date and at the place shown in item 4 following our ordinary business practices. I am readily familiar with this business's practice for collecting and processing correspondence for mailing. On the same day that correspondence is placed for collection and mailing, it is deposited in the ordinary course of business with the United States Postal Service in a sealed envelope with postage fully prepaid.

4. The envelope was addressed and mailed as follows:

- a. Name of person served: OTHER PARENT'S NAME
- b. Address: OTHER PARENT'S ADDRESS
- c. Date mailed: DATE YOUR SERVER MAILED A COPY OF YOUR FORMS TO THE OTHER PARENT
- d. Place of mailing (city and state): CITY AND STATE WHERE FORMS WERE PUT IN THE MAIL

5. I served a request to modify a child custody, visitation, or child support judgment or permanent order which included an address verification declaration. (Declaration Regarding Address Verification—Postjudgment Request to Modify a Child Custody, Visitation, or Child Support Order (form FL-334) may be used for this purpose.)

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

Date: DATE YOUR SERVER SIGNS THIS FORM _____
 SERVER WILL PRINT THEIR NAME HERE _____
 (TYPE OR PRINT NAME)

▶ SERVER WILL SIGN THEIR NAME HERE _____
 (SIGNATURE OF PERSON COMPLETING THIS FORM)