

Request to Release Driver's License Suspension

(Non-Payment of Child Support)

Step 1	<p>Notify: You must first contact the Santa Clara County Department of Child Support Services (DCSS) and ask if your license can be released without a court hearing. They are open from 8:00 a.m. to 5:00 p.m., Monday through Friday at:</p> <p style="text-align: center;">880 Ridder Park Drive, San Jose, CA 95131 1-866-901-3212</p>
Step 2	<p>Complete the following forms in blue or black ink: <input checked="" type="checkbox"/> FL-670 Notice of Motion for Judicial Review of License Denial</p>
Step 3	<p>Copies: Make <input checked="" type="checkbox"/> 3 copies, in addition to the original.</p>
Step 4 <i>This is FREE to file.</i>	<p>File: Turn in the original and copies to the Clerk's Office in the Courthouse located at: 201 North First Street, San Jose, CA 95113</p> <p>The Clerk's Office opens at 8:30am Monday-Friday, closing times are subject to change, visit www.scscourt.org or call 408-534-5600 for current office hours.</p> <p>Since the Department of Child Support Services (DCSS) is involved in your case, ask the court clerk to keep 1 filed copy to give to DCSS for you.</p>
Step 5	<p>Service:</p> <ul style="list-style-type: none"> You must also serve a copy by mail on the other parent. "Service by mail" means: someone other than you who is at least 18 years old must mail the filed copies to the other parent. This should be done the same day that you file your paperwork with the Court. <p>Whoever does the service must complete the attached <i>Proof of Service by Mail form</i> (FL-335) and give it back to you. You must file the original and a copy of this form at the Clerk's Office, the clerk will file stamp the copy and give it back to you. Keep this copy for your records.</p>
Step 6	<p>Go to the hearing: Do not forget to go to court for your hearing at the date and time written on your Notice of Motion for Judicial Review of License Denial.</p>
Note	<p style="text-align: center;">FILING THIS FORM WILL <i>NOT</i> CHANGE YOUR MONTHLY CHILD SUPPORT AMOUNT. YOU NEED TO FILE A MOTION TO MODIFY YOUR SUPPORT PAYMENT</p>

HOW CAN I GET HELP?

Here are some ways to get help:

- Go to <http://www.calbar.ca.gov/Public>, then click on "Lawyer Referral services" to hire or consult with a private attorney.
- For free legal advice and information, see our "Do-It-Yourself Resources" flyer. Go to www.scscourt.org, click on "Self-Help" then "Self-Help Flyers".
- The Self Help Center/Family Law Facilitator – See our information flyer:
 - **Contact us:** Go to www.scscourt.org then click "**Contact the Self Help Center**". Walk-in assistance is limited to emergencies so contact us remotely first.
 - **Obtain Forms:** Go to www.scscourt.org then click "**Complete Forms at Home**".
 - **Form Review:** Email your forms as a PDF file to SHCDocReview@scscourt.org.
 - Note: We **cannot** help people who have attorneys.

Superior Court, County of Santa Clara
Self Help Center/Family Law Facilitator's Office
 201 N. First Street, San Jose, CA 95113
 408-882-2926

ATTORNEY OR PARTY WITHOUT ATTORNEY OR GOVERNMENTAL AGENCY (under Family Code §§ 17400, 17406) (Name and Address) : TELEPHONE NO.: _____ FAX NO.: _____ ATTORNEY FOR (Name): IN PRO PER	FOR COURT USE ONLY
SUPERIOR COURT OF CALIFORNIA, COUNTY OF SANTA CLARA 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: RESPONDENT/DEFENDANT: OTHER PARENT:	
NOTICE OF MOTION FOR JUDICIAL REVIEW OF LICENSE DENIAL	CASE NUMBER:

See reverse for instructions.

1. On (date): _____ the local child support agency of (specify county) : **Santa Clara**
 denied a release form that would enable me to obtain the following license (specify):

Name and address of licensing agency:

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 the person ordered to pay child support in this action.
- c. I am in compliance with the order to pay child support in this action.
- d. I am in compliance with payments on the schedule for payment of arrearages or reimbursement.
- e. Other (specify):

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 DECLARANT)

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

Date:	Time:	Room:
Address:		

PETITIONER/PLAINTIFF: RESPONDENT/DEFENDANT: OTHER PARENT:	CASE NUMBER:
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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*) :
 - (2) Address where served:
 - (3) Date delivered: _____
 - (4) Time delivered: _____
 - 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*) :
 - (2) Address where served:
 - (3) Date mailed: _____
 - (4) Place of mailing (*city, 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 THE NOTICE)

INFORMATION SHEET FOR PROOF OF SERVICE BY MAIL

Use these instructions to complete the *Proof of Service by Mail* (form FL-335).

A person at least 18 years of age or older must serve the documents. There are two ways to serve documents: (1) personal delivery and (2) by mail. See the *Proof of Personal Service* (form FL-330) if the documents are being personally served. The person who serves the documents must complete a proof of service form for the documents being served. **You cannot serve documents if you are a party to the action.**

INSTRUCTIONS FOR THE PERSON WHO SERVES THE DOCUMENTS (TYPE OR PRINT IN BLACK INK)

You must complete a proof of service for each package of documents you serve. For example, if you serve the respondent and the other parent, you must complete two proofs of service; one for the respondent and one for the other parent.

Complete the top section of the proof of service forms as follows:

First box, left side: In this box print the name, address, and phone number of the person for whom you are serving the documents.

Second box, left side: Print the name of the county in which the legal action is filed and the court's address in this box. Use the same address for the court that is on the documents you are serving.

Third box, left side: Print the names of the petitioner/plaintiff, respondent/defendant, and other parent in this box. Use the same names listed on the documents you are serving.

First box, top of form, right side: Leave this box blank for the court's use.

Second box, right side: Print the case number in this box. This number is also stated on the documents you are serving.

Third box, right side: Print the hearing date, time, and department. Use the same information that is on the documents you are serving.

You cannot serve a temporary restraining order by mail. You must serve those documents by personal service.

1. You are stating that you are at least 18 years old and that you are not a party to this action. You are also stating that you either live in or are employed in the county where the mailing took place.
2. Print your home or business address.
3. List the name of each document that you mailed (the exact names are listed on the bottoms of the forms).
 - a. Check this box if you put the documents in the regular U.S. mail.
 - b. Check this box if you put the documents in the mail at your place of employment.
4.
 - a. Print the name you put on the envelope containing the documents.
 - b. Print the address you put on the envelope containing the documents.
 - c. Print the date that you put the envelope containing the documents in the mail.
 - d. Print the city and state you were in when you mailed the envelope containing the documents.
5. Check this box if you are serving an address verification form (required for service by mail of a postjudgment request to change a child custody, visitation, or child support order).
6. You are stating under penalty of perjury that the information you have provided is true and correct.

Print your name, fill in the date, and sign the form.

If you need additional assistance with this form, contact the family law facilitator in your county.

PROOF OF SERVICE

**TO BE COMPLETED BY THE SERVER
(SEE INSTRUCTIONS FOR DETAILS)**

ATTORNEY OR PARTY WITHOUT ATTORNEY <i>(Name, State Bar number, and address):</i> <hr style="width: 20px; margin-left: 0;"/> TELEPHONE NO.: _____ FAX NO. <i>(Optional)</i> : _____ E-MAIL ADDRESS <i>(Optional)</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/PARTY:	CASE NUMBER: <i>(If applicable, provide):</i> HEARING DATE: HEARING TIME: DEPT.:
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:

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:
 - b. Address:

 - c. Date mailed:
 - d. Place of mailing *(city and state)*:
 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:

(TYPE OR PRINT NAME)



(SIGNATURE OF PERSON COMPLETING THIS FORM)