

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, State Bar number, and address):  <b>Sally Smith</b> 123 Main Street El Cajon, CA. 92020 TELEPHONE NO.: 619-440-4444                      FAX NO. (Optional): E-MAIL ADDRESS (Optional): ATTORNEY FOR (Name): <b>Self-Represented</b>	<b>FOR COURT USE ONLY</b>
<b>SUPERIOR COURT OF CALIFORNIA, COUNTY OF San Diego</b> STREET ADDRESS: 1100 Union Street MAILING ADDRESS: Same as above CITY AND ZIP CODE: San Diego, CA. 92101 BRANCH NAME: Central Division	
PETITIONER/PLAINTIFF: County of San Diego  RESPONDENT/DEFENDANT: Sally Smith  OTHER PARENT: John Smith	
<b>RESPONSE TO GOVERNMENTAL NOTICE OF MOTION OR ORDER TO SHOW CAUSE</b>	
HEARING DATE: <b>May 29, 2023</b> TIME: <b>1:45 p.m.</b> DEPT., ROOM, OR DIVISION: <b>804</b>	CASE NUMBER: <b>XXXXXXXXXX</b>

1.  **PARENTAGE**  
 I  do  do not admit that I am the parent of all of the children.  
 I admit that I am the parent of all of the children except (specify):
  
2.  **CHILD SUPPORT**  
 a.  I consent to the order requested.  
 b.  I request the following child support order: Reasonable, considering my income.
  
3.  **HEALTH INSURANCE COVERAGE**  
 a.  I consent to the order requested.  
 b.  I request the following health insurance coverage order: No health insurance coverage. I cannot afford to pay for health insurance.
  
4.  **FEES AND COSTS**  
 I  do  do not consent to the order requested.
  
5.  **PROPERTY RESTRAINT**  
 I  do  do not consent to the order requested.
  
6.  **OTHER**  
 I  do  do not consent to the other orders requested.

PETITIONER/PLAINTIFF: County of San Diego RESPONDENT/DEFENDANT: Sally Smith OTHER PARENT: John Smith	CASE NUMBER: XXXXXXXXXXXX
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7.  **FACTS IN SUPPORT** of this response are:  
 I cannot afford to pay the amount requested nor pay health insurance. See my attached Income and Expense Declaration.

contained in an attached declaration.

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

Date: 05/15/23

Sally Smith \_\_\_\_\_  
 (TYPE OR PRINT NAME)


\_\_\_\_\_   
 (SIGNATURE OF DECLARANT)

**PROOF OF SERVICE BY MAIL**

1. I am at least 18 years of age, not a party to this cause, and a resident of or employed in the county where the mailing took place.
2. My residence or business address is (*specify*):
  
3. I served a copy of this response by enclosing it in a sealed envelope with postage fully prepaid and depositing it in the U.S. mail as follows:
  - (a) Date of deposit:
  - (b) Place of deposit (*city and state*):
  - (c) Addressed as follows:

4. I served this *Response*, 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.)
5. 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)