



**SUPERIOR COURT OF CALIFORNIA
COUNTY OF ORANGE
SELF-HELP CENTER/FACILITATOR'S OFFICE**

www.occourts.org

**HOW TO PREPARE A REQUEST FOR HEARING TO SET ASIDE
VOLUNTARY DECLARATION OF PATERNITY (POP SET ASIDE)**

Description:

This workshop will assist you in preparing all of the necessary paperwork to request that the Court set aside a voluntary declaration of paternity or POP declaration and order genetic testing.

When:

This workshop is offered on Monday. Check-in begins at 9:30 a.m. and ends at 9:45 a.m.

Your registration packet must be complete in order to be admitted.

Please arrive early as seating is limited. This is first-come, first-served.

Where:

Lamoreaux Justice Center (LJC)
341 The City Drive, 1st Floor, Room C101
Orange, CA, 92868

What to Bring:

- **Completed** WORKSHOP REGISTRATION PACKET
- Copy of the voluntary declaration of paternity (if you have it)
- Declaration
- Your own interpreter, if necessary
- Black pen

Name: _____

Superior Court case number: _____

Is Orange County Child Support Services (CSS) involved? ___ Yes ___ No

* Workshop Presenters will **not** give legal advice

REGISTRATION PACKET

POP Set Aside

INFORMATION ABOUT THE PARENTS LISTED ON THE POP DECLARATION

You are the Father Mother listed on the POP Declaration.

Your full name as it appears on the POP Declaration:

First name *Middle name* *Last name*

The Other Parent's full name as it appears on the POP Declaration:

First name *Middle name* *Last name*

Please list all cases and case numbers below:

Divorce [] No [] Yes (Case # and County _____)

Domestic Violence [] No [] Yes (Case # and County _____)

Juvenile Court [] No [] Yes (Case # and County _____)

Child Support [] No [] Yes (Case # and County _____)

Other [] No [] Yes (Case # and County _____)

INFORMATION ABOUT THE CHILD(REN) INVOLVED

NOTE: A separate Request for Hearing and Application will be completed for each child.

Please provide information about the MINOR children below:

First Name	Middle Name	Last Name	Date of Birth

DECLARATION

Complete the Attached Declaration form (Form MC-031) explaining why you are requesting to set aside the voluntary declaration of paternity and genetic testing.

The Court's Self-Help webpage has a presentation on how to write a declaration for court purposes, available at the following link: <http://www.occourts.org/self-help/resources/shresources.html>. On this page, scroll down to Educational Videos/Other and click on "Writing a Declaration for the Court."

COMPLETE THE INCOME AND EXPENSE DECLARATION WORKSHEET IF YOU ARE REQUESTING THAT THE COURT WAIVE YOUR FILING FEES. IF THE ORANGE COUNTY CHILD SUPPORT SERVICES (CSS) IS INVOLVED IN YOUR CASE, THERE WILL BE NO FILING FEE CHARGED.

INCOME AND EXPENSE DECLARATION WORKSHEET

INFORMATION ABOUT YOUR EMPLOYMENT

A. Employment:

I am currently: employed unemployed self-employed (if self-employed, go to B.)
(Give information on your current job or, if you're unemployed, your most recent job.)

Employer: _____

Employer's address: _____

Employer's phone number: _____

Occupation: _____

Date job started: _____

If unemployed, date job ended: _____

I work about _____ hours per week.

I get paid \$ _____ gross (before taxes): per month per week per hour

If you have more than one job, provide information below:

Employer: _____

Employer's address: _____

Employer's phone number: _____

Occupation: _____

Date job started: _____

I work about _____ hours per week.

I get paid \$ _____ gross (before taxes): per month per week per hour

B. Self-employment:

Type: owner/sole proprietor business partner other: _____

Number of years in this business: _____ Name of business: _____

Type of business: _____

Income after business expenses: Last Month: \$ _____ Average Monthly*: \$ _____

INFORMATION ABOUT YOUR AGE AND EDUCATION

How old are you? _____ (in years)

Did you complete high school or the equivalent? Yes No (If No, highest grade completed: _____)

How many years of college have you completed? _____ Specify degree obtained: _____

How many years of graduate school have you completed? _____ Specify degree obtained: _____

Do you have any professional/occupational license(s)? Yes No (Specify: _____)

Do you have any vocational training? Yes No (Specify: _____)

INFORMATION ABOUT YOUR TAXES

Last **tax year** you filed your income tax returns: _____

What is your current tax filing status? single head of household married, filing separately

married, filing jointly with: (name) _____

State(s) where you file tax returns: California Other: _____

How many exemptions (including yourself) do you claim on your federal tax return? _____

INFORMATION ABOUT YOUR INCOME, DEDUCTIONS, AND ASSETS

Income (gross, before taxes):

Type and Amounts (\$):	Last Month	Average Monthly*
<input type="checkbox"/> Salary/Wages:	_____	_____
<input type="checkbox"/> Overtime:	_____	_____
<input type="checkbox"/> Commissions/Bonuses:	_____	_____
<input type="checkbox"/> Pension/Retirement Fund:	_____	_____
<input type="checkbox"/> Social Security retirement (not SSI):	_____	_____
<input type="checkbox"/> Unemployment:	_____	_____
<input type="checkbox"/> Workers' compensation:	_____	_____
<input type="checkbox"/> Spousal/Partner Support (<i>this</i> relationship):	_____	_____
<input type="checkbox"/> Spousal/Partner Support (<i>different</i> relationship):	_____	_____
<input type="checkbox"/> Other: _____	_____	_____

Are you currently receiving Public Assistance? Yes No

Type and Amounts (\$):	Last Month	Average Monthly*
<input type="checkbox"/> TANF:	_____	_____
<input type="checkbox"/> SSI:	_____	_____
<input type="checkbox"/> County Assistance/General Relief:	_____	_____
<input type="checkbox"/> Other: _____	_____	_____
<input type="checkbox"/> Food Stamps:	_____	_____

Investment income, rental property, trust):

Type and Amounts (\$):	Last Month	Average Monthly*
<input type="checkbox"/> Dividends/Interest:	_____	_____
<input type="checkbox"/> Rental property:	_____	_____
<input type="checkbox"/> Trust:	_____	_____

One-time money in last 12 months (lottery winnings, inheritance):

Type: _____
Amount \$ _____

Change in income:

How has your financial situation changed over the last 12 months? _____

Deductions (last month):

Union dues: \$ _____
Required retirement payments (not 401(k)): \$ _____
Medical/dental/other health insurance premium: \$ _____

Child support for other children: \$ _____ (Is amount court-ordered? Yes No. If Yes, provide court case number(s): _____
Is amount paid directly to other parent? Yes No)

Spousal/Partner support for other marriage/domestic partnership: \$ _____
Necessary job-related expenses not reimbursed by employer: \$ _____ (explain: _____)

*For average monthly amount, add up all income of that type from the last 12 months and divide total by 12.

Assets:

Cash, bank or other financial institution accounts: \$ _____

Stocks, bonds or other assets that can be easily sold: \$ _____

Real Property (fair market value less balance owed): \$ _____

Personal Property (e.g., automobile; fair market value less balance owed): \$ _____

INFORMATION ABOUT YOUR HOUSEHOLD AND EXPENSES

The following people live with me (people you support or who support you):

Name	Age	Relationship to you (spouse, etc.)	That person's gross monthly income (\$)	Pays some of the household expenses?
1. _____	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. _____	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. _____	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
4. _____	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
5. _____	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No

Average MONTHLY expenses: Estimated expenses Actual expenses Proposed Needs

a. Home			h. Laundry & cleaning	\$ _____
<input type="checkbox"/> Rent or <input type="checkbox"/> Mortgage			i. Clothes	\$ _____
If Mortgage: (Principal):	\$ _____			
(Interest):	\$ _____			
Property tax:	\$ _____			
Homeowner's/ Renter's Insurance	\$ _____			
b. Health care costs not covered by insurance	\$ _____		j. Education	\$ _____
c. Child Care	\$ _____		k. Entertainment, gifts, vacation	\$ _____
d. Groceries, household supplies	\$ _____		l. Auto expenses & transportation (insurance, gas, repairs, bus)	\$ _____
e. Eating out	\$ _____		m. Insurance (life, accident, etc. do not include auto, home, health)	\$ _____
f. Utilities (gas, electric, water, trash)	\$ _____		n. Savings and investments	\$ _____
g. Telephone, cell phone, e-mail	\$ _____		o. Charitable contributions	\$ _____
			q. Other _____	\$ _____

*For average monthly amount, add up all income of that type from the last 12 months and divide total by 12.

Installment payments and debts not listed above (loans, credit cards, etc.):

Paid to	For	Monthly Amount (\$)	Balance (\$)	Date of Last Payment
1. _____	_____	_____	_____	_____
2. _____	_____	_____	_____	_____
3. _____	_____	_____	_____	_____
4. _____	_____	_____	_____	_____
5. _____	_____	_____	_____	_____
6. _____	_____	_____	_____	_____

INFORMATION ABOUT YOUR CHILDREN IN THIS CASE

How many children do you have with the other parent in this case? _____
Percentage of time the children spend with: You _____% Other Parent _____%
If you do not know the percentage, specify your parenting schedule: _____

Health insurance:

Do you have health insurance available for the children through your employment? Yes No
If Yes, provide name and address of insurance company: _____

What is the monthly cost for the *children's* health insurance? \$ _____

Additional expenses for the children (child care, uncovered health care costs, travel expenses, educational/special needs):**

Type: _____ Monthly Amount \$ _____
Type: _____ Monthly Amount \$ _____
Type: _____ Monthly Amount \$ _____
Type: _____ Monthly Amount \$ _____
Type: _____ Monthly Amount \$ _____

****Bring proof of these expenses to attach to your filing.**

INFORMATION ABOUT SPECIAL HARDSHIPS

Extraordinary health expenses: Monthly Amount \$ _____ How many months? _____
 Major losses not covered by insurance (fire, theft, etc.): Monthly Amount \$ _____ How many months? _____
 Expenses for biological or adopted children from other relationships *living with you:*

Child's Name	Age	Amount of expense per month (\$)	How many months?	Amount of child support received per month (\$)
1. _____	_____	_____	_____	_____
2. _____	_____	_____	_____	_____
3. _____	_____	_____	_____	_____
4. _____	_____	_____	_____	_____

*For average monthly amount, add up all income of that type from the last 12 months and divide total by 12.

PLAINTIFF/PETITIONER: DEFENDANT/RESPONDENT:	CASE NUMBER:
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DECLARATION

(This form must be attached to another form or court paper before it can be filed in court.)

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)

- Attorney for
- Respondent
- Plaintiff
- Other *(Specify):*
- Petitioner
- Defendant