

ATTORNEY OR PARTY WITHOUT ATTORNEY (<i>Name, State Bar number, and address</i>): TELEPHONE NO.: _____ FAX NO. (<i>Optional</i>): _____ E-MAIL ADDRESS (<i>Optional</i>): _____ ATTORNEY FOR (<i>Name</i>): _____	FOR COURT USE ONLY
SUPERIOR COURT OF CALIFORNIA, COUNTY OF IMPERIAL 939 W. Main Street El Centro, CA 92243	
PETITIONER: RESPONDENT:	
ORDER ON PETITION FOR RELIEF OF DUTY FOR PARENTAL SUPPORT	CASE NUMBER: _____

1. UPON GOOD CAUSE, THE PETITION FOR RELIEF OF DUTY FOR PARENTAL SUPPORT IS

- a. **GRANTED**
- b. **DENIED**
- c. **OTHER:** _____.

Date: _____

 Judge of the Superior Court