

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:	
RESPONSE TO PETITION FOR PARENTAL SUPPORT	CASE NUMBER: _____

I, _____, am the Respondent and I hereby respond to the Petition for Parental Support based on sections 4400-4405 of the Family Code which provide that in determining the amount to be ordered for support, the court shall consider the following circumstances of each party:

- a) Earning capacity and needs.
- b) Obligations and assets.
- c) Age and health.
- d) Standard of living.
- e) Other factors the court deems just and equitable.

1. I consent to the order requested.
2. I do not consent to the order requested and ask for the following order instead: _____ .

FACTS IN SUPPORT of my response are in my completed Income and Expense Declaration (FL-150) and (choose one):

- below or contained in an attached declaration.

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

Date: _____

Signature: _____

Respondent