1	Name: Address:	
2	City/State/Zip: Telephone:	
3		
4	In Propria Persona	
5		
6	SUPERIOR COURT OF CALIFORNIA, COUNTY OF STANISLAUS	
7		
8		Case No.:
9	Petitioner,	DCSS No.:
10	Vs.	NOTICE TO DEPARTMENT OF CHILD SUPPORT SERVICES
11	Respondent.	
12		
13	NOMICE IC HEDEDY CIVEN	her the
14		by the,
15	in the above entitled matter, th	at:
16	1. The	_is presently receiving some
17	form of public assistance from the County of Stanislaus.	
18	2. The within action is set for hearing on,	
19	20, at the hour of 8:30 a.m., Department to Be Assigned.	
20	Attached hereto and incorporated herein by this reference are	
21	true copies of the Order to Show Cause/Notice of Motion,	
22	Application for Orders and Supporting Declaration and Income and	
23	Expense Declaration filed by	herein.
24		
25	Dated:	
26	Pe	titioner/Plaintiff
27	Re	spondent/Defendant
28	FL001(Optional Form)	Rev 02/04