ATTORNEY OR PARTY WITHOUT ATTORNEY (N	Jame, State Bar number, and address):	FOR COURT USE ONLY	
TELEPHONE NO .:	FAX NO. (Optional):		
EMAIL ADDRESS (Optional):			
CENTRAL DIVISION, JUVENILE	CORNIA, COUNTY OF SAN DIEGO COURT, 2851 MEADOW LARK DR., SAN DIEGO, CA 92123 S. MELROSE DR., SUITE 130,VISTA, CA 92081		
IN THE MATTER OF THE PETITION C	)F		
PETITION TO DETERMINE N	ONEXISTENCE OF PARENT-CHILD RELATIONSHIP	CASE NUMBER	
	declare(s):		
	("the child") was born on _ and is now in the custody of	,in	
	-		
The child was born to	("the birth mot ("the birth mot ("the birth mot	("the birth mother"), who was married to med parent") on in and there has been no cohabitation of the two since	
A dissolution of this marriage wa	as final on or about and there has bee	en no cohabitation of the two since	
WHEREFORE, petitioner(s) req of the child and that no parent-c	d parent's  whereabouts are unknown  address is uest(s) that this court order and declare that the presu child relationship exists between said presumed parent	med parent is not the natural father	
Date:		Signature of Petitioner	
Date:			
Date:		Signature of Petitioner	
Duto		Signature of Attorney for Petitioner	
	VERIFICATION		
	on and know the contents thereof. I declare that the hare therein stated upon my information and belief, and		
I declare under the penalty of pe	erjury under the laws of the State of California that the	foregoing is true and correct.	
Date:		Signature of Petitioner	
Date:		Signature of Petitioner	