

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 STREET ADDRESS: MAILING ADDRESS: CITY AND ZIP CODE: BRANCH NAME:	
PETITIONER: RESPONDENT:	
APPEARANCE, STIPULATIONS, AND WAIVERS	CASE NUMBER: _____

1. **Appearance by respondent** *(you must choose one):*
 - a. By filing this form, I make a general appearance.
 - b. I have previously made a general appearance.
 - c. I am a member of the military services of the United States of America. I have completed and attached to this form *Declaration and Conditional Waiver of Rights Under the Servicemembers Civil Relief Act of 2003 (form FL-130(A))*.

2. **Agreements, stipulations, and waivers** *(choose all that apply):*
 - a. The parties agree that this cause may be decided as an uncontested matter.
 - b. The parties waive their rights to notice of trial, a statement of decision, a motion for new trial, and the right to appeal.
 - c. This matter may be decided by a commissioner sitting as a temporary judge.
 - d. The parties have a written agreement that will be submitted to the court, or a stipulation for judgment will be submitted to the court and attached to *Judgment (Family Law)* (form FL-180).
 - e. None of these agreements or waivers will apply unless the court approves the stipulation for judgment or incorporates the written settlement agreement into the judgment.
 - f. This is a parentage case, and both parties have signed an *Advisement and Waiver of Rights Re: Establishment of Parental Relationship* (form FL-235) or its equivalent.

3. **Other** *(specify):*

Date: _____ <hr style="border: 0; border-top: 1px solid black; margin-top: 5px;"/> <p style="text-align: center; font-size: small;">(TYPE OR PRINT NAME)</p>	▶	_____ <hr style="border: 0; border-top: 1px solid black; margin-top: 5px;"/> <p style="text-align: center; font-size: small;">(SIGNATURE OF PETITIONER)</p>
Date: _____ <hr style="border: 0; border-top: 1px solid black; margin-top: 5px;"/> <p style="text-align: center; font-size: small;">(TYPE OR PRINT NAME)</p>	▶	_____ <hr style="border: 0; border-top: 1px solid black; margin-top: 5px;"/> <p style="text-align: center; font-size: small;">(SIGNATURE OF RESPONDENT)</p>
Date: _____ <hr style="border: 0; border-top: 1px solid black; margin-top: 5px;"/> <p style="text-align: center; font-size: small;">(TYPE OR PRINT NAME)</p>	▶	_____ <hr style="border: 0; border-top: 1px solid black; margin-top: 5px;"/> <p style="text-align: center; font-size: small;">(SIGNATURE OF ATTORNEY FOR PETITIONER)</p>
Date: _____ <hr style="border: 0; border-top: 1px solid black; margin-top: 5px;"/> <p style="text-align: center; font-size: small;">(TYPE OR PRINT NAME)</p>	▶	_____ <hr style="border: 0; border-top: 1px solid black; margin-top: 5px;"/> <p style="text-align: center; font-size: small;">(SIGNATURE OF ATTORNEY FOR RESPONDENT)</p>

