ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, State Bar number, and address):	FOR COURT USE ONLY
TELEPHONE NO.: FAX NO. (Optional):	
E-MAIL ADDRESS (Optional): ATTORNEY FOR (Name):	
SUPERIOR COURT OF CALIFORNIA, COUNTY OF IMPERIAL 939 W. Main Street	
El Centro, CA 92243	
PETITIONER:	
RESPONDENT:	
CITATION REGARDING PETITION FOR RELIEF OF DUTY FOR PARENTAL SUPPORT	CASE NUMBER:
To:, and all interested Parties.	
(Name of supported Parent, Parent's conservator, or representative of Parent's estate)	
You are notified that the court will set a hearing to terminate t	he current Parental Support order
on Date: Time:am/pm Depa	rtment at the Superior
Court of California, County of Imperial, 939 W. Main Street, El Centro CA 92243.	
Court of Cumornia, County of Imperial, 959 W. Ham Street, 2	1 Conus C.1 9 <b>22</b> 15.
If, upon hearing, the court determines that the requirements of Section 4411 are satisfied, the	
court shall make an order that the Adult Child is relieved from the obligation otherwise imposed	
by law to support the Parent.	
of law to support the Farence	
An order under this section also releases the Adult child wit	h respect to any state law under
which a child is required to do any of the following:	in respect to any state law under
•	
(1) Pay for the support, care, maintenance, and the like of a Parent.	
(2) Reimburse the state or a local public agency for furnishing	ng the support, care, maintenance,
or the like of a Parent.	
Date: BY:	
	Clerk of the Court