

ATTORNEY OR PARTY WITHOUT ATTORNEY (<i>Name, state bar number, and address</i>) TELEPHONE NO: E-MAIL ADDRESS (<i>optional</i>): ATTORNEY FOR (<i>Name</i>):	FOR COURT USE ONLY
SUPERIOR COURT OF CALIFORNIA, COUNTY OF MADERA 200 South G Street Madera, California 93637 Civil Division	
PLAINTIFF/PETITIONER:	
DEFENDANT/RESPONDENT:	
OTHER CASE NAME:	
CERTIFICATE OF NO APPEAL	CASE NUMBER:

A \$40 fee will be charged pursuant to Government Code §70626(a)(8) for the issuance of this certificate.

I, _____, Deputy Clerk of the Superior Court of California, County of Madera, Do hereby certify and attest to the following:

- That the complaint/petition was filed in the above referenced case on _____.
- A judgment resolving all issues was entered on _____.
- I have checked the court's records from _____ to _____, and
- No Notice of Appeal of said judgment has been filed in this action.

I certify the forgoing information is a true and correct finding of the records searched.

Date: _____

Adrienne Y. Calip, Clerk of the Superior Court

By: _____, Deputy Clerk

