PARTY WITHOUT ATTORNEY (*Name, and address*): TELEPHONE NO: E-MAIL ADDRESS *(optional)*: IN PRO PER	*FOR COURT USE ONLY*
SUPERIOR COURT OF CALIFORNIA, COUNTY OF MADERA 200 South G Street Madera, California 93637 Civil Division	
PLAINTIFF/PETITIONER:	
DEFENDANT/RESPONDENT:	
GUARDIANSHIP OF (Name):	
AUTHORIZATION FOR NON-ATTORNEY COURT DOCUMENT PREPARER	CASE NUMBER:

I am the ***(specify)***: ☐ Plaintiff/Petitioner ☐ Defendant/Respondent ☐ Claimant ☐ Other Party in the above-entitled action.

I hereby authorize _____
Name of Document Preparer

_____
Street Address

_____
City, State and Zip code

_____
Telephone Number

to: ☐ act as a courier to submit court documents for processing on my behalf.

☐ receive endorsed copies of court documents from the courthouse on my behalf.

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date: _____

_____
(Type or Print Name)

►_____
(Signature of Petitioner/Respondent/Claimant/Other Party)