PARTY WITHOUT ATTOR	NEY (Name, Address and Telephone Number)	
		_
SUPERIOR COURT OF	CALIFORNIA, COUNTY OF SACRAMENTO 3341 Power Inn Road	
MAILING ADDRESS:	Same as above	
CITY AND ZIP CODE:	Sacramento, CA 95826	
BRANCH NAME:	William R. Ridgeway Family Relations Courthouse	
PETITIONER:		
RESPONDENT:		
CLAIMANT/OTHER PAF	RTY:	
		Case Number
AUTHO	RIZATION FOR NON-ATTORNEY	
COL	IRT DOCUMENT PREPARER	
		<u> </u>
I am the Petitione	er 🗌 Respondent 📋 Claimant 📋 Other Party in	the above-entitled action.
I am the 🗌 Petitione	er 🔲 Respondent 📋 Claimant 📋 Other Party in	the above-entitled action.
I am the Detitione	er 🗌 Respondent 🔲 Claimant 🔲 Other Party in	the above-entitled action.
	er Respondent Claimant Other Party in NAME OF PREPARER	the above-entitled action.
		the above-entitled action.
		the above-entitled action.
	NAME OF PREPARER	the above-entitled action.
	NAME OF PREPARER Street Address	the above-entitled action.
	NAME OF PREPARER	the above-entitled action.
	NAME OF PREPARER Street Address City, State and Zip Code	the above-entitled action.
	NAME OF PREPARER Street Address	the above-entitled action.
	NAME OF PREPARER Street Address City, State and Zip Code Telephone Number	
I hereby authorize	NAME OF PREPARER Street Address City, State and Zip Code	
I hereby authorize	NAME OF PREPARER Street Address City, State and Zip Code Telephone Number □ act as a courier to submit court documents for p	rocessing on my behalf.
I hereby authorize	NAME OF PREPARER Street Address City, State and Zip Code Telephone Number	rocessing on my behalf.
I hereby authorize	NAME OF PREPARER Street Address City, State and Zip Code Telephone Number □ act as a courier to submit court documents for p	rocessing on my behalf.
I hereby authorize	NAME OF PREPARER Street Address City, State and Zip Code Telephone Number □ act as a courier to submit court documents for p	rocessing on my behalf.