

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name and Address): TELEPHONE NO.: _____ FAX NO.: _____ ATTORNEY FOR (Name): _____	FOR COURT USE ONLY
SUPERIOR COURT OF CALIFORNIA, COUNTY OF CONTRA COSTA STREET ADDRESS: MAILING ADDRESS: P. O. BOX 911 CITY AND ZIP CODE: MARTINEZ, CA 94553 BRANCH NAME:	
PETITIONER/PLAINTIFF: RESPONDENT/DEFENDANT:	
AUTHORIZATION TO ACCESS CONFIDENTIAL COURT DOCUMENTS BY AGENT FOR ATTORNEY OF RECORD	CASE NUMBER:

AUTHORIZATION BY PARTY:

I, _____ declare that I am a named party in the above entitled action and hereby consent and authorize my attorney of record in these proceedings, _____ and the agent(s) he designates below to act on his behalf, for the sole purpose of accessing to review and copy any confidential documents contained in my case file, as permitted by law. Dated: _____

 Signature of Party (Type or Print Name)

DESIGNATION OF AGENT(S) BY ATTORNEY OF RECORD:

I, _____ of _____ hereby
 (Name of Attorney of Record) (Name of Firm)
 declare that I am the attorney of record and pursuant to the above consent of the party, whom I represent in the above entitled action, hereby designate the following agent(s) to act on my behalf for the sole purpose of accessing and obtaining copies of confidential documents in the above case file.

1. Agent Name: _____
2. Agent Name: _____

Attachments Required:

- 1) Photocopy of the agent(s) personal identification
- 2) Photocopy of Attorney's Bar Card

Dated: _____

 (Type or print Attorney name) (Signature of Attorney)