

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name and Address):  TELEPHONE NO.: _____ FAX NO.: _____ ATTORNEY FOR (Name): _____	<b>FOR COURT USE ONLY</b>
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:	
<b>CLIENT AUTHORIZATION FOR REVIEW OF COURT FILE (FAMILY CODE 7643)</b>	CASE NUMBER:

I am a party to the proceedings identified above and I am seeking representation in these proceedings. I hereby authorize:

1. Attorney Name:
2. Attorney Address:
3. Attorney Phone:
4. Attorney Fax Number:
5. State Bar No.:

To review all of the papers and records now on file with the court in this matter.

Dated:

(Type or print your name)

(Signature of Party)