

ATTORNEY OR PARTY WITHOUT AN ATTORNEY (Name, State Bar number, and address): NAME: ADDRESS: CITY, STATE, ZIP:  TELEPHONE NO: FAX NO. (Optional): EMAIL ADDRESS: ATTORNEY FOR (Name):	<i>FOR COURT USE ONLY</i>
<b>SUPERIOR COURT OF CALIFORNIA, COUNTY OF SANTA CRUZ</b> 701 Ocean Street, Room 110, Santa Cruz, CA 95060	
CARE ACT PROCEEDINGS FOR:	
<b>APPOINTMENT, TERMINATION, OR RESIGNATION OF SUPPORTER</b>	CASE NUMBER:

**1.  Appointment of Supporter**

Respondent consents to the appointment of:

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Email: \_\_\_\_\_

- a.  with authority to access the court's file in this case.
- b.  without authority to access the court's file in this case.

**2.  Termination of Supporter**

Respondent removes the individual below as supporter and revokes the authority to access the file, if previously granted:

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Email: \_\_\_\_\_

Date: \_\_\_\_\_

 \_\_\_\_\_  
 Signature of Respondent

Date: \_\_\_\_\_

 \_\_\_\_\_  
 Signature of Respondent's Attorney

**3.  Resignation of Supporter**

 Previously appointed supporter (name) \_\_\_\_\_  
 resigns as a supporter for respondent.

Date: \_\_\_\_\_

 \_\_\_\_\_  
 Signature of Resigning Supporter