ATTORNEY OR PARTY WITHOUT ATTORNEY *(Name, state bar number, and address):*	*FOR COURT USE ONLY* **CONFIDENTIAL** Place in confidential part of the court file.
TELEPHONE NO: FAX NO.: E-MAIL ADDRESS *(optional)*: ATTORNEY FOR *(Name)*:	
SUPERIOR COURT OF CALIFORNIA, COUNTY OF MADERA 200 South G Street Madera, California 93637 Civil Division	
PETITIONER/PLAINTIFF: RESPONDENT/DEFENDANT: OTHER CASE TITLE (IF APPLICABLE):	
DEMOGRAPHICAL INFORMATION	CASE NUMBER:

Please provide all known requested information to allow the Court to issue the ordered Warrant or Attachment for Defaulter. This form will be kept in a confidential part of the court file and may not be disclosed without good cause shown to the court.

Please note any required fee must be submitted with this form made payable to the appropriate agency *prior* to issuing of the document.

Name of party document is to be issued as to: _____

Sex: _____ Height: _____ Weight: _____

Alia (if any): _____ Social Security Number: _____

Date of Birth: _____ Driver's License State & #: _____ _____ Age: _____
(state) (license number)

Hair Color: _____ Eye Color: _____ Race: _____

Last known address: _____

_____

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)