



AUTHORIZATION OF
REPRESENTATIVE
代表授权

Mag. Dist. No:
权威地方法院编号:
MDJ Name:
MDJ 姓名:
Address:
地址:
Telephone:
电话:

V. / 诉

Docket No./案号:
Case Filed/案件提交日:

PURSUANT TO PA. R.C.P.M.D.J. NO. 207(B):

依据 PA. R.C.P.M.D.J. NO. 207(B):

Individual:
I designate _____
to act as the authorized representative in the above-
captioned matter.

个人:
我指定 _____
在上述事项中担任授权代表。

Date/日期: _____

Name (Print)/姓名 (正楷): _____

Signature/签名: _____

Partnership, Corporation or Similar Entity:
I designate _____
to act as the authorized representative of
_____ in the above-captioned
matter.

合伙企业、公司或类似实体:
本人指定 _____
在上述事项中担任 _____ 的授
权代表。

I further certify that I have the authority to execute this
form on behalf of the party and that I am: **(check one)**

本人进一步证明, 我有权代表当事方签署本文件, 我
是: **(勾选一项)**

- the individual or sole proprietor that is the party;
- an officer of the corporation that is the party;
- a partner of the general partnership that is the party;
- a general partner of the limited partnership that is the party
- a manager of the limited liability company that is the party;
- an officer of the board of governors of the professional association that is the party;
- a trustee of the business trust that is the party;

- 作为当事方的个人或独资企业;
- 作为当事方的企业管理人员;
- 作为当事方的普通合伙企业的合伙人;
- 作为当事方的有限合伙企业的普通合伙人;
- 作为当事方的有限责任公司的管理人;
- 作为当事方的专业协会的理事会管理人员;
- 作为当事方的商业信托受托人;

Date/日期: _____

Name (Print)/姓名 (正楷): _____

Signature/签名: _____



Authorized Representative Contact Information:

授权代表联系方式:

Name/姓名: _____

Address/地址: _____

City, State, Zip/城市、州、邮政编码: _____

Phone/电话: _____

I, _____, do hereby verify, to the best of my knowledge, information and belief, that I have personal knowledge of the facts and circumstances of the above-captioned matter.

本人, _____, 特此证明, 据我所知所信, 我本人已了解上述事项的事实与情况。

I certify that this filing complies with the provisions of the Case Records Public Access Policy of the Unified Judicial System of Pennsylvania that require filing confidential information and documents differently than non-confidential information and documents.

本人证明, 此次申请符合《Pennsylvania 州统一司法系统案件记录公共访问政策条款》, 该条款要求以与非保密信息与文件不同的方式提交保密信息与文件。

Name of Authorized Representative (Print)/

授权代表姓名 (正楷): _____

Signature/签名: _____

