## SC-100A Other Plaintiffs or Defendants

Case Number:	

☐ This fo	orm is attached to form S	C-100, item 1 or 2.					
		· <del>-</del>	-	g), list their information below:			
Street add	ress:		Phone:				
Citv:		State:	Zip:				
		er a fictitious name? 🗌					
Other plai	ntiff's name:						
Street add	ress:			Phone:			
City:		State:	Zip:				
Mailing ac	ldress (if different):						
City:		State:	Zip:				
Is this pla	Is this plaintiff doing business under a fictitious name? $\square$ Yes $\square$ No If yes, attach form SC-103.						
	$\square$ Check here if more than 4 plaintiffs and fill out and attach another form SC-100A.						
2 If more to below:	than one defendant	t (person, business,	or entity bei	ng sued), list their information			
	endant's name:						
Street add	ress:			Phone:			
City:		State:	Zip:				
City:		State:	Zip:				
service of	process:		2	, list the person or agent authorized for			
			Job title, if known:				
City:	1	State:	Zip:				
	$\square$ Check here if your case is against more than two defendants, and fill out and attach another form SC-100A.						
If yes, I ha	3) Is your claim for more than \$2,500?						
	_		ms court, I h	ave no right to appeal this			
I declare under j form is true and		California state law that	the information a	above and on any attachments to this			
Date:							
Type or print yo	our name		-	Sign your name			
Date:							
Type or print yo	our name		<u> </u>	Sign your name			