

☒ This form is attached to Form SC-120, item 1 or 2.

**1 If more than 2 plaintiffs (person, business, or public entity being sued), list their information below:**

Other plaintiff's name: \_\_\_\_\_

Street address: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Mailing address (if different): \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Other plaintiff's name: \_\_\_\_\_

Street address: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Mailing address (if different): \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

☐ Check here if more than 4 plaintiffs and fill out and attach another Form SC-120A.

**2 If more than 2 defendants (person, business, or public entity suing), list their information below:**

Other defendant's name: \_\_\_\_\_

Street address: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Mailing address (if different): \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Is this defendant doing business under a fictitious name? ☐ Yes ☐ No If yes, attach Form SC-103.

Other defendant's name: \_\_\_\_\_

Street address: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Mailing address (if different): \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_


Is this defendant doing business under a fictitious name? ☐ Yes ☐ No If yes, attach Form SC-103.


☐ Check here if more than 4 defendants and fill out and attach another Form SC-120A.

**3 I understand that by filing a claim in small claims court, I have no right to appeal this claim.**

**4 I have not filed, and understand that I cannot file, more than two small claims cases for more than \$2,500 in California during this calendar year.**

I declare under penalty of perjury under California state law that the information above and on any attachments to this form is true and correct.

Date: \_\_\_\_\_  \_\_\_\_\_  
Type or print your name Sign your name

Date: \_\_\_\_\_  \_\_\_\_\_  
Type or print your name Sign your name