

☐ This form is attached to form [SC-500](#), item 1 or 2.

**1 If more than two plaintiffs (person, business, or entity suing), list their information below:**

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

Street address: \_\_\_\_\_

*Street**City**State**Zip*

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

*Street**City**State**Zip*

Email address (if available): \_\_\_\_\_

Is this plaintiff doing business under a fictitious name? ☐ Yes ☐ No If yes, attach form [SC-103](#).

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

Street address: \_\_\_\_\_

*Street**City**State**Zip*

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

*Street**City**State**Zip*

Email address (if available): \_\_\_\_\_

Is this plaintiff doing business under a fictitious name? ☐ Yes ☐ No If yes, attach form [SC-103](#).☐ Check here if more than four plaintiffs and fill out and attach another form [SC-500A](#).**2 If more than two defendants (person being sued), list their information below:**

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

Street address: \_\_\_\_\_

*Street**City**State**Zip*

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

*Street**City**State**Zip*

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

Street address: \_\_\_\_\_

*Street**City**State**Zip*

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

*Street**City**State**Zip*☐ Check here if your case is against more than four defendants and fill out and attach another form [SC-500A](#).**3 I understand that by filing a claim in small claims court, I have no right to appeal this claim.**

I declare under penalty of perjury under the laws of the State of California 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*