

This form is attached to form SC-100, item 1 or 2.

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

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

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

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

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

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

*Is this plaintiff doing business under a fictitious name?*  Yes  No *If yes, attach form SC-103.*

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

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

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

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

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

*Is this plaintiff doing business under a fictitious name?*  Yes  No *If yes, attach form SC-103.*

Check here if more than 4 plaintiffs and fill out and attach another form SC-100A.

**2 If more than one defendant (person, business, or entity being sued), list their information below:**

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

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

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

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

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

*If this defendant is a corporation, limited liability company, or public entity, list the person or agent authorized for service of process:*

Name: \_\_\_\_\_ Job title, if known: \_\_\_\_\_

Address: \_\_\_\_\_

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

Check here if your case is against more than two defendants, and fill out and attach another form SC-100A.

**3 Is your claim for more than \$2,500?  Yes  No**

*If yes, 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.*

**4 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 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