| Case Number: | | |
|--------------|--|--|
| | | |
| | | |

| | Plaintiffs or Defend | aiil5 | |
|----------------------------------|--------------------------------------|------------------------------|--|
| This form is attached to Fo | orm SC-100, item 1 or 2. | | |
| 1) If more than 2 plaintiffs (| person, business, or entit | y suing), list their i | nformation below: |
| Other plaintiff's name: | | | |
| | | | one: () |
| City: | State: | Zip: | |
| Mailing address (if different). | • | | |
| | State: | | |
| Is this plaintiff doing busines. | s under a fictitious name? \square | Yes \square No If yes, att | tach Form SC-103. |
| Other plaintiff's name: | | | |
| | | | one: () |
| City: | State: | Zip: | |
| | | | |
| City: | State: | Zip: | |
| Is this plaintiff doing busines. | s under a fictitious name? \square | Yes \square No If yes, att | ach Form SC-103. |
| ☐ Check here if more than 4 | l plaintiffs and fill out and atta | ch another Form SC-1 | <i>00A</i> . |
| 2) If more than 2 defendant | s (person, business, or er | tity being sued), lis | st their information below: |
| Other defendant's name: | | | |
| Street address: | | Pho | one: () |
| | | | |
| | | _ | |
| City: | State: | Zip: | |
| Other defendant's name: | | | |
| | | | one: () |
| | | | /iic. (|
| | : | _ | |
| City: | | Zip: | |
| _ | | _ | 1.1004 |
| — Check here ij more inan 4 | defendants and fill out and at | acn another Form SC | -100A. |
| 3 I understand that by filing | ng a claim in small claims | court, I have no rig | ht to appeal this claim. |
| I have not filed, and understa | and that I cannot file, more that | two small claims cas | es for more than \$2,500 in |
| California during this calend | | t two sinan claims cas | σο τοι ποτ ο επα π φ 2 ,ο σο π |
| I declare under penalty of pe | riury under California state lay | that the information : | above and on any attachments to |
| this form is true and correct. | .joi.j ander camonia sate at | | accident on any accomments to |
| D / | | • | |
| Date: <i>Type or</i> | print your name | Sign your name | |
| Type or | print your name | L Sign your name | |
| Date: | print your name | _ [] | |
| Type or | print your name | Sign your name | |