

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, State Bar number, and address):  TELEPHONE NO.: _____ FAX NO. (Optional): _____ EMAIL ADDRESS (Optional): _____ ATTORNEY FOR (Name): _____	<b>FOR COURT USE ONLY</b>
<b>SUPERIOR COURT OF CALIFORNIA, COUNTY OF SAN DIEGO</b>	
CENTRAL DIVISION, HALL OF JUSTICE, 330 W. BROADWAY, SAN DIEGO, CA 92101	
PLAINTIFF(S)	
DEFENDANT(S)	
<b>REQUEST FOR SERVICE BY CERTIFIED MAIL (SMALL CLAIMS)</b>	CASE NUMBER

1. I request that the Clerk of the Court serve the following document by certified mail on the parties listed in item 2.

- a.  Plaintiff's Claim and Order to Go to Small Claims Court (JC Form #SC-100)
- b.  Plaintiff's Claim and Order to Go to Small Claims Court (COVID-19 Rental Debt) (JC Form #SC-500)
- c.  Defendant's Claim and Order to Go to Small Claims Court (JC Form #SC-120)

**2. Parties to be Served**

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Note: The clerk will serve the parties at the addresses listed on the document selected in item 1 unless otherwise requested above.

Attached to this request is the required fee as listed on the Fee Schedule (SDSC Form #ADM-001) for service by certified mail for each party being served.

I understand that if the named party does not sign the receipt of certified mail, the service of process is invalid and the fee for service will NOT be refunded.

Date: \_\_\_\_\_

\_\_\_\_\_  
Type or print name

\_\_\_\_\_  
Signature