

Filing Fee:
\$0000.00- \$1500.00= \$30
\$1500.01-\$5000.00= \$50
\$5000.01- \$10000.00=\$75

-File with Court then serve
- Cannot be served by Plaintiff

Plaintiff (list names):

If have filed more than 12 cases= \$100

Case Number:

1 The plaintiff (the person, business, or public entity that is suing) is:

Name: Jane Doe Phone: 213-333-1234
Street address: 123 Main Street Los Angeles CA 90012
Street City State Zip
Mailing address (if different): _____
Street City State Zip

If more than one plaintiff, list next plaintiff here:

Name: _____ Phone: _____
Street address: _____
Street City State Zip
Mailing address (if different): _____
Street City State Zip

- Check here if more than two plaintiffs and attach form SC-100A.
 Check here if either plaintiff listed above is doing business under a fictitious name. If so, attach form SC-103.
 Check here if any plaintiff is a "licensee" or "deferred deposit originator" (payday lender) under Financial Code sections 23000 et seq.

2 The defendant (the person, business, or public entity being sued) is:

Name: John Smith Phone: _____
Street address: 456 White Oak Ave. Los Angeles CA 90018
Street City State Zip
Mailing address (if different): _____
Street City State Zip

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

Name: _____ Job title, if known: _____
Address: _____
Street City State Zip

- Check here if your case is against more than one defendant, and attach form SC-100A.
 Check here if any defendant is on active military duty, and write his or her name here: _____

3 The plaintiff claims the defendant owes \$ 1,200. (Explain below):

a. Why does the defendant owe the plaintiff money?
John Smith borrowed \$1,200.00 from me and never paid me back.

When did this happen? (Date): 01/13/2018

b. If no specific date, give the time period: Date started: _____ Through: _____
c. How did you calculate the money owed to you? (Do not include court costs or fees for service.)
John Smith signed a promissory note.

- Check here if you need more space. Attach one sheet of paper or form MC-031 and write "SC-100, Item 3" at the top.



Plaintiff (list names):

Case Number:

4 You must ask the defendant (in person, in writing, or by phone) to pay you before you sue. If your claim is for possession of property, you must ask the defendant to give you the property. Have you done this?

[x] Yes [] No If no, explain why not:

5 Why are you filing your claim at this courthouse?

This courthouse covers the area (check the one that applies):

- a. [x] (1) Where the defendant lives or does business. (2) Where the plaintiff's property was damaged. (3) Where the plaintiff was injured. (4) Where a contract (written or spoken) was made, signed, performed, or broken by the defendant or where the defendant lived or did business when the defendant made the contract. b. [] Where the buyer or lessee signed the contract, lives now, or lived when the contract was made, if this claim, is about an offer or contract for personal, family, or household goods, services, or loans. (Code Civ. Proc., § 395(b).) c. [] Where the buyer signed the contract, lives now, or lived when the contract was made, if this claim is about a retail installment contract (like a credit card). (Civ Code, § 1812.10.) d. [] Where the buyer signed the contract, lives now, or lived when the contract was made, or where the vehicle is permanently garaged, if this claim is about a vehicle finance sale. (Civ Code, § 2984.4.) e. [] Other (specify):

6 List the zip code of the place checked in 5 above (if you know): 90018

7 Is your claim about an attorney-client fee dispute? [] Yes [x] No If yes, and if you have had arbitration, fill out form SC-101, attach it to this form, and check here: []

8 Are you suing a public entity? [] Yes [x] No If yes, you must file a written claim with the entity first. [] A claim was filed on (date): If the public entity denies your claim or does not answer within the time allowed by law, you can file this form.

9 Have you filed more than 12 other small claims within the last 12 months in California? [] Yes [x] No If yes, the filing fee for this case will be higher.

10 Is your claim for more than \$2,500? [x] 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.

11 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: 05/24/2018 Jane Doe Plaintiff types or prints name here

[Signature] Plaintiff signs here

Date: Second plaintiff types or prints name here

[Signature] Second plaintiff signs here



Requests for Accommodations

Assistive listening systems, computer-assisted real-time captioning, or sign language interpreter services are available if you ask at least five days before the trial. Contact the clerk's office for form MC-410, Request for Accommodations by Persons With Disabilities and Response. (Civ. Code, § 54.8.)

- Serve the Agent for Service or Officer
- Will be Substitute Service

Filing Fee:
 \$0000.00- \$1500.00= \$30
 Plaintiff (list names): \$1500.01-\$5000.00= \$50
 \$5000.01- \$10000.00=\$75
 If have filed more than 12 cases= \$100

Case Number:

1 The plaintiff (the person, business, or public entity that is suing) is:

Name: Jane Doe Phone: 213-333-1234
 Street address: 123 Main Street Los Angeles CA 90012
Street City State Zip
 Mailing address (if different): _____
Street City State Zip

If more than one plaintiff, list next plaintiff here:

Name: _____ Phone: _____
 Street address: _____
Street City State Zip
 Mailing address (if different): _____
Street City State Zip

- Check here if more than two plaintiffs and attach form SC-100A.
- Check here if either plaintiff listed above is doing business under a fictitious name. If so, attach form SC-103.
- Check here if any plaintiff is a "licensee" or "deferred deposit originator" (payday lender) under Financial Code sections 23000 et seq.

2 The defendant (the person, business, or public entity being sued) is:

Name: Granny's Bakery, LLC Phone: _____
 Street address: 789 White Oak Ave. Los Angeles CA 90018
Street City State Zip
 Mailing address (if different): _____
Street City State Zip

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

Name: Nancy Bruin Job title, if known: Agent for Service of Process
 Address: 900 Black Oak St. Los Angeles CA 90018
Street City State Zip

- Check here if your case is against more than one defendant, and attach form SC-100A.
- Check here if any defendant is on active military duty, and write his or her name here: _____

3 The plaintiff claims the defendant owes \$ 1,500. (Explain below):

a. Why does the defendant owe the plaintiff money?
The plaintiff paid for a wedding cake that was never delivered to the party.

When did this happen? (Date): 01/13/2018

b. If no specific date, give the time period: Date started: _____ Through: _____
 c. How did you calculate the money owed to you? (Do not include court costs or fees for service.)
Receipt of payment for the wedding cake.

- Check here if you need more space. Attach one sheet of paper or form MC-031 and write "SC-100, Item 3" at the top.



Filing Fee:

\$0000.00- \$1500.00= \$30

\$1500.01-\$5000.00= \$50

Plaintiff (list names): \$5000.01- \$10000.00=\$75

If have filed more than 12 cases= \$100

- Attach SC-103

Case Number:

1 The plaintiff (the person, business, or public entity that is suing) is:

Name: Jane Doe DBA Acapulco Restaurant Phone: 213-333-1234

Street address: 123 Main Street Los Angeles CA 90012

Street City State Zip

Mailing address (if different):

Street City State Zip

If more than one plaintiff, list next plaintiff here:

Name: Phone:

Street address:

Street City State Zip

Mailing address (if different):

Street City State Zip

- Check here if more than two plaintiffs and attach form SC-100A.
[X] Check here if either plaintiff listed above is doing business under a fictitious name. If so, attach form SC-103.
Check here if any plaintiff is a "licensee" or "deferred deposit originator" (payday lender) under Financial Code sections 23000 et seq.

2 The defendant (the person, business, or public entity being sued) is:

Name: John Smith Phone:

Street address: 456 White Oak Ave. Los Angeles CA 90018

Street City State Zip

Mailing address (if different):

Street City State Zip

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

Name: Job title, if known:

Address:

Street City State Zip

- Check here if your case is against more than one defendant, and attach form SC-100A.
Check here if any defendant is on active military duty, and write his or her name here:

3 The plaintiff claims the defendant owes \$ 1,800 (Explain below):

a. Why does the defendant owe the plaintiff money?
The defendant did not pay the plaintiff for catering a dinner party at the defendant's house.

When did this happen? (Date): 03/13/2018

b. If no specific date, give the time period: Date started: Through:

c. How did you calculate the money owed to you? (Do not include court costs or fees for service.)
Amount charged to the defendant, per invoice.

- Check here if you need more space. Attach one sheet of paper or form MC-031 and write "SC-100, Item 3" at the top.

Filing Fee:
\$0000.00- \$1500.00= \$30
\$1500.01-\$5000.00= \$50
\$5000.01- \$10000.00=\$75

- Substitute service may be done on an employee

Plaintiff (list names):

If have filed more than 12 cases= \$100

Case Number:

1 The plaintiff (the person, business, or public entity that is suing) is:

Name: Jane Doe Phone: 213-333-1234

Street address: 123 Main Street Los Angeles CA 90012
Street City State Zip

Mailing address (if different): _____
Street City State Zip

If more than one plaintiff, list next plaintiff here:

Name: _____ Phone: _____

Street address: _____
Street City State Zip

Mailing address (if different): _____
Street City State Zip

- Check here if more than two plaintiffs and attach form SC-100A.
- Check here if either plaintiff listed above is doing business under a fictitious name. If so, attach form SC-103.
- Check here if any plaintiff is a "licensee" or "deferred deposit originator" (payday lender) under Financial Code sections 23000 et seq.

2 The defendant (the person, business, or public entity being sued) is:

Name: John Smith Individually and DBA John's Towing Service Phone: _____

Street address: 456 White Oak Ave. Los Angeles CA 90018
Street City State Zip

Mailing address (if different): _____
Street City State Zip

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

Name: _____ Job title, if known: _____

Address: _____
Street City State Zip

- Check here if your case is against more than one defendant, and attach form SC-100A.
- Check here if any defendant is on active military duty, and write his or her name here: _____

3 The plaintiff claims the defendant owes \$ 3,400. (Explain below):

a. Why does the defendant owe the plaintiff money?

The tow company damaged my car.

When did this happen? (Date): 10/13/2018

b. If no specific date, give the time period: Date started: _____ Through: _____

c. How did you calculate the money owed to you? (Do not include court costs or fees for service.)

Estimate for cost of repair.

- Check here if you need more space. Attach one sheet of paper or form MC-031 and write "SC-100, Item 3" at the top.



Filing Fee:
\$0000.00- \$1500.00= \$30
\$1500.01-\$5000.00= \$50

-Serve Agent for Service or Officer
-Will be substitute service

Plaintiff (list names): \$5000.01- \$10000.00=\$75
If have filed more than 12 cases= \$100

Case Number:

1 The plaintiff (the person, business, or public entity that is suing) is:

Name: Jane Doe Phone: 213-333-1234
Street address: 123 Main Street Los Angeles CA 90012
Street City State Zip
Mailing address (if different): _____
Street City State Zip

If more than one plaintiff, list next plaintiff here:

Name: _____ Phone: _____
Street address: _____
Street City State Zip
Mailing address (if different): _____
Street City State Zip

- Check here if more than two plaintiffs and attach form SC-100A.
 Check here if either plaintiff listed above is doing business under a fictitious name. If so, attach form SC-103.
 Check here if any plaintiff is a "licensee" or "deferred deposit originator" (payday lender) under Financial Code sections 23000 et seq.

2 The defendant (the person, business, or public entity being sued) is:

Name: Places to Go, Inc. Phone: _____
Street address: 1234 White Oak Ave. Los Angeles CA 90018
Street City State Zip
Mailing address (if different): 56789 West 9th Street Suite 900 Hollywood CA 90026
Street City State Zip

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

Name: CT Corporation System Job title, if known: Agent for Service of Process
Address: 818 W. 7th St. Ste. 930 Los Angeles CA 90017
Street City State Zip

- Check here if your case is against more than one defendant, and attach form SC-100A.
 Check here if any defendant is on active military duty, and write his or her name here: _____

3 The plaintiff claims the defendant owes \$ 2,000 . (Explain below):

a. Why does the defendant owe the plaintiff money?
I paid the defendant for round trip tickets, but when the tickets arrived they were only one way tickets.

When did this happen? (Date): 6/13/2018

b. If no specific date, give the time period: Date started: _____ Through: _____

c. How did you calculate the money owed to you? (Do not include court costs or fees for service.)
Invoice and credit card statement.

- Check here if you need more space. Attach one sheet of paper or form MC-031 and write "SC-100, Item 3" at the top.

Filing Fee:
\$0000.00- \$1500.00= \$30
\$1500.01-\$5000.00= \$50

-File a State Claim for Damages initially

Plaintiff (list names): \$5000.01- \$10000.00=\$75
If have filed more than 12 cases= \$100

Case Number:

1 The plaintiff (the person, business, or public entity that is suing) is:

Name: Jane Doe Phone: 213-333-1234
Street address: 123 Main Street Los Angeles CA 90012
Street City State Zip
Mailing address (if different): _____
Street City State Zip

If more than one plaintiff, list next plaintiff here:

Name: _____ Phone: _____
Street address: _____
Street City State Zip
Mailing address (if different): _____
Street City State Zip

- Check here if more than two plaintiffs and attach form SC-100A.
- Check here if either plaintiff listed above is doing business under a fictitious name. If so, attach form SC-103.
- Check here if any plaintiff is a "licensee" or "deferred deposit originator" (payday lender) under Financial Code sections 23000 et seq.

2 The defendant (the person, business, or public entity being sued) is:

Name: State of California Phone: _____
Street address: 300 South Spring Street, Room 1700 Los Angeles CA 90012
Street City State Zip
Mailing address (if different): _____
Street City State Zip

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

Name: Office of the Attorney General Job title, if known: Attorney General
Address: 300 South Spring Street, Room 1700 Los Angeles CA 90012
Street City State Zip

- Check here if your case is against more than one defendant, and attach form SC-100A.
- Check here if any defendant is on active military duty, and write his or her name here: _____

3 The plaintiff claims the defendant owes \$ 5,000 . (Explain below):

a. Why does the defendant owe the plaintiff money?
My car was damaged during a high speed chase by the California Highway Patrol.

When did this happen? (Date): 9/13/2018

- b. If no specific date, give the time period: Date started: _____ Through: _____
- c. How did you calculate the money owed to you? (Do not include court costs or fees for service.)
Estimate for cost of repair.

- Check here if you need more space. Attach one sheet of paper or form MC-031 and write "SC-100, Item 3" at the top.



Filing Fee:
\$0000.00- \$1500.00= \$30
\$1500.01-\$5000.00= \$50
\$5000.01- \$10000.00=\$75

Plaintiff (list names):

If have filed more than 12 cases= \$100

Case Number: _____

1 The plaintiff (the person, business, or public entity that is suing) is:

Name: Jane Doe Phone: 213-333-1234
Street address: 123 Main Street Los Angeles CA 90012
Street City State Zip
Mailing address (if different): _____
Street City State Zip

If more than one plaintiff, list next plaintiff here:

Name: _____ Phone: _____
Street address: _____
Street City State Zip
Mailing address (if different): _____
Street City State Zip

- Check here if more than two plaintiffs and attach form SC-100A.
- Check here if either plaintiff listed above is doing business under a fictitious name. If so, attach form SC-103.
- Check here if any plaintiff is a "licensee" or "deferred deposit originator" (payday lender) under Financial Code sections 23000 et seq.

2 The defendant (the person, business, or public entity being sued) is:

Name: County of Los Angeles Phone: (213) 974 - 1411
Street address: 500 W. Temple St., Room 383, Hall of Admin. Los Angeles CA 90012
Street City State Zip
Mailing address (if different): _____
Street City State Zip

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

Name: Clerk of the Board, Executive Office, BOS Job title, if known: Clerk of the Board
Address: 500 W. Temple St., Room 383, Hall of Admin. Los Angeles CA 90012
Street City State Zip

- Check here if your case is against more than one defendant, and attach form SC-100A.
- Check here if any defendant is on active military duty, and write his or her name here: _____

3 The plaintiff claims the defendant owes \$ 5,000 . (Explain below):

a. Why does the defendant owe the plaintiff money?
My car was damaged during a high speed chase by the Los Angeles Sheriff's Department.

When did this happen? (Date): 9/13/2018

b. If no specific date, give the time period: Date started: _____ Through: _____

c. How did you calculate the money owed to you? (Do not include court costs or fees for service.)
Estimate for cost of repair.

- Check here if you need more space. Attach one sheet of paper or form MC-031 and write "SC-100, Item 3" at the top.



Filing Fee:
\$0000.00- \$1500.00= \$30
\$1500.01-\$5000.00= \$50
\$5000.01- \$10000.00=\$75
If have filed more than 12 cases= \$100

Plaintiff (list names):

Case Number:

1 The plaintiff (the person, business, or public entity that is suing) is:

Name: Jane Doe Phone: 213-333-1234
Street address: 123 Main Street Los Angeles CA 90012
Street City State Zip
Mailing address (if different): _____
Street City State Zip

If more than one plaintiff, list next plaintiff here:

Name: _____ Phone: _____
Street address: _____
Street City State Zip
Mailing address (if different): _____
Street City State Zip

- Check here if more than two plaintiffs and attach form SC-100A.
- Check here if either plaintiff listed above is doing business under a fictitious name. If so, attach form SC-103.
- Check here if any plaintiff is a "licensee" or "deferred deposit originator" (payday lender) under Financial Code sections 23000 et seq.

2 The defendant (the person, business, or public entity being sued) is:

Name: City of Los Angeles Phone: (213) 473 - 3231
Street address: 200 N. Main St., Room 395 Los Angeles CA 90012
Street City State Zip
Mailing address (if different): _____
Street City State Zip

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

Name: City Clerk Job title, if known: City Clerk
Address: 200 N. Spring Street, City Hall - Room 360 Los Angeles CA 90012
Street City State Zip

- Check here if your case is against more than one defendant, and attach form SC-100A.
- Check here if any defendant is on active military duty, and write his or her name here: _____

3 The plaintiff claims the defendant owes \$ 5,000 . (Explain below):

a. Why does the defendant owe the plaintiff money?
My car was damaged during a high speed chase by the Los Angeles Police Department.

When did this happen? (Date): 9/13/2018

b. If no specific date, give the time period: Date started: _____ Through: _____

c. How did you calculate the money owed to you? (Do not include court costs or fees for service.)
Estimate for cost of repair.

- Check here if you need more space. Attach one sheet of paper or form MC-031 and write "SC-100, Item 3" at the top.

Filing Fee:
\$0000.00- \$1500.00= \$30
Plaintiff (list names): \$1500.01-\$5000.00= \$50
\$5000.01- \$10000.00=\$75

If have filed more than 12 cases= \$100

Case Number: _____

1 The plaintiff (the person, business, or public entity that is suing) is:

Name: Jane Doe (Registered Owner) or (R/O) Phone: 213-333-1234
Street address: 123 Main Street Los Angeles CA 90012
Street City State Zip
Mailing address (if different): _____
Street City State Zip

If more than one plaintiff, list next plaintiff here:

Name: John Doe (Driver) or (D) Phone: _____
Street address: 123 Main Street Los Angeles CA 90012
Street City State Zip
Mailing address (if different): _____
Street City State Zip

- Check here if more than two plaintiffs and attach form SC-100A.
- Check here if either plaintiff listed above is doing business under a fictitious name. If so, attach form SC-103.
- Check here if any plaintiff is a "licensee" or "deferred deposit originator" (payday lender) under Financial Code sections 23000 et seq.

2 The defendant (the person, business, or public entity being sued) is:

Name: Mike Jones (R/O) and (D) Phone: 818-222-5678
Street address: 1234 Whale Lane Los Angeles CA 90018
Street City State Zip
Mailing address (if different): _____
Street City State Zip

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

Name: _____ Job title, if known: _____
Address: _____
Street City State Zip

- Check here if your case is against more than one defendant, and attach form SC-100A.
- Check here if any defendant is on active military duty, and write his or her name here: _____

3 The plaintiff claims the defendant owes \$ 5,500 . (Explain below):

a. Why does the defendant owe the plaintiff money?
My car was damaged and I was injured in a car accident caused by the defendant.

When did this happen? (Date): 12/13/2018

b. If no specific date, give the time period: Date started: _____ Through: _____

c. How did you calculate the money owed to you? (Do not include court costs or fees for service.)
Estimates from an auto repair shop and medical bills.

- Check here if you need more space. Attach one sheet of paper or form MC-031 and write "SC-100, Item 3" at the top.



SC-100A

Other Plaintiffs or Defendants

Case Number: _____

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: Mary Jones (Driver) or (D)
Street address: 1234 Whale Lane Phone: _____
City: Los Angeles State: CA Zip: 90018
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.

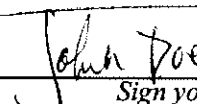
4 I understand that by filing a claim in small claims court, I have no right to appeal this claim.

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: 12/13/2018
Jane Doe
Type or print your name


Sign your name

Date: 12/13/2018
John Doe
Type or print your name


Sign your name

Filing Fee:

\$0000.00- \$1500.00= \$30

\$1500.01-\$5000.00= \$50

Plaintiff (list names): \$5000.01- \$10000.00=\$75

If have filed more than 12 cases= \$100

Case Number:

1 The plaintiff (the person, business, or public entity that is suing) is:

Name: Jane Doe Phone: 213-333-1234

Street address: 123 Main Street Los Angeles CA 90012

Mailing address (if different):

If more than one plaintiff, list next plaintiff here:

Name: Phone:

Street address: Street City State Zip

Mailing address (if different): Street City State Zip

- Check here if more than two plaintiffs and attach form SC-100A.
Check here if either plaintiff listed above is doing business under a fictitious name. If so, attach form SC-103.
Check here if any plaintiff is a "licensee" or "deferred deposit originator" (payday lender) under Financial Code sections 23000 et seq.

2 The defendant (the person, business, or public entity being sued) is:

Name: Nathan Jones, a minor, by Mike Jones, his father Phone: 818-222-5678

Street address: 1234 Whale Lane Los Angeles CA 90

Mailing address (if different): Street City State Zip

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

Name: Job title, if known:

Address: Street City State Zip

- Check here if your case is against more than one defendant, and attach form SC-100A.
Check here if any defendant is on active military duty, and write his or her name here:

3 The plaintiff claims the defendant owes \$ 300 . (Explain below):

a. Why does the defendant owe the plaintiff money?
The defendant threw a ball that hit and broke my car's windshield.

When did this happen? (Date): 02/13/2018

b. If no specific date, give the time period: Date started: Through:

c. How did you calculate the money owed to you? (Do not include court costs or fees for service.)
Estimate or receipt from repair shop.

- Check here if you need more space. Attach one sheet of paper or form MC-031 and write "SC-100, Item 3" at the top.



Filing Fee:
\$0000.00- \$1500.00= \$30
\$1500.01-\$5000.00= \$50
\$5000.01- \$10000.00=\$75
If have filed more than 12 cases= \$100

- You can personally serve one partner on behalf of the partnership.

Plaintiff (list names):

Case Number:

1 The plaintiff (the person, business, or public entity that is suing) is:

Name: Jane Doe Phone: 213-333-1234
Street address: 123 Main Street Los Angeles CA 90012
Street City State Zip
Mailing address (if different): _____
Street City State Zip

If more than one plaintiff, list next plaintiff here:

Name: _____ Phone: _____
Street address: _____
Street City State Zip
Mailing address (if different): _____
Street City State Zip

- Check here if more than two plaintiffs and attach form SC-100A.
 Check here if either plaintiff listed above is doing business under a fictitious name. If so, attach form SC-103.
 Check here if any plaintiff is a "licensee" or "deferred deposit originator" (payday lender) under Financial Code sections 23000 et seq.

2 The defendant (the person, business, or public entity being sued) is:

Name: Pam Joo and Jim Joo Individually and DBA PJ's Tea Phone: 213-444-8888
Street address: 1234 Whale Lane Los Angeles CA 90016
Street City State Zip
Mailing address (if different): _____
Street City State Zip

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

Name: _____ Job title, if known: _____
Address: _____
Street City State Zip

- Check here if your case is against more than one defendant, and attach form SC-100A.
 Check here if any defendant is on active military duty, and write his or her name here: _____

3 The plaintiff claims the defendant owes \$ 6,000 . (Explain below):

- a. Why does the defendant owe the plaintiff money?
The defendant served the plaintiff burning hot tea which caused personal injury and resulted in the plaintiff losing time from work.
- When did this happen? (Date): 07/13/2018
- b. If no specific date, give the time period: Date started: _____ Through: _____
- c. How did you calculate the money owed to you? (Do not include court costs or fees for service.)
Medical bills and loss of wages.
- Check here if you need more space. Attach one sheet of paper or form MC-031 and write "SC-100, Item 3" at the top.

Filing Fee:
\$0000.00- \$1500.00= \$30
\$1500.01-\$5000.00= \$50

-The Trust and the named trustees have to be served.

Plaintiff (list names): \$5000.01- \$10000.00=\$75
If have filed more than 12 cases= \$100

Case Number:

1 The plaintiff (the person, business, or public entity that is suing) is:

Name: Jane Doe Phone: 213-333-1234
Street address: 123 Main Street Los Angeles CA 90012
Street City State Zip
Mailing address (if different): _____
Street City State Zip

If more than one plaintiff, list next plaintiff here:

Name: _____ Phone: _____
Street address: _____
Street City State Zip
Mailing address (if different): _____
Street City State Zip

- Check here if more than two plaintiffs and attach form SC-100A.
- Check here if either plaintiff listed above is doing business under a fictitious name. If so, attach form SC-103.
- Check here if any plaintiff is a "licensee" or "deferred deposit originator" (payday lender) under Financial Code sections 23000 et seq.

2 The defendant (the person, business, or public entity being sued) is:

Name: Susana Gomez, Trustee of the Susana Gomez Living Trust Phone: 213-444-8888
Street address: 303 Main Street Los Angeles CA 90016
Street City State Zip
Mailing address (if different): _____
Street City State Zip

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

Name: _____ Job title, if known: _____
Address: _____
Street City State Zip

- Check here if your case is against more than one defendant, and attach form SC-100A.
- Check here if any defendant is on active military duty, and write his or her name here: _____

3 The plaintiff claims the defendant owes \$ 7,000 . (Explain below):

a. Why does the defendant owe the plaintiff money?
Defendant failed to return my security deposit within 21 days after I moved out and did not provide a written itemized statement of deductions.

When did this happen? (Date): _____

b. If no specific date, give the time period: Date started: 01/13/2018 Through: Present

c. How did you calculate the money owed to you? (Do not include court costs or fees for service.)
Security deposit plus damages per CC 1950.5.

- Check here if you need more space. Attach one sheet of paper or form MC-031 and write "SC-100, Item 3" at the top.



SC-100A

Other Plaintiffs or Defendants

Case Number: _____

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: Thomas Gomez, Trustee of the Susana Gomez Living Trust

Street address: 303 Main Street Phone: _____

City: Los Angeles State: CA Zip: 90016

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: 05/13/2018

Jane Doe

Type or print your name

Date:

Type or print your name


Sign your name

Sign your name

Filing Fee:
 \$0000.00- \$1500.00= \$30
 \$1500.01-\$5000.00= \$50
 \$5000.01- \$10000.00=\$75
 If have filed more than 12 cases= \$100

Plaintiff (list names):

Case Number:

1 The plaintiff (the person, business, or public entity that is suing) is:

Name: Jane Doe Phone: 213-333-1234
 Street address: 123 Main Street Los Angeles CA 90012
Street City State Zip
 Mailing address (if different): _____
Street City State Zip

If more than one plaintiff, list next plaintiff here:

Name: _____ Phone: _____
 Street address: _____
Street City State Zip
 Mailing address (if different): _____
Street City State Zip

- Check here if more than two plaintiffs and attach form SC-100A.
- Check here if either plaintiff listed above is doing business under a fictitious name. If so, attach form SC-103.
- Check here if any plaintiff is a "licensee" or "deferred deposit originator" (payday lender) under Financial Code sections 23000 et seq.

2 The defendant (the person, business, or public entity being sued) is:

Name: Sun City Roseville Community Association, Inc. Phone: _____
 Street address: 8020 Lipton Blvd. Roseville CA 95747
Street City State Zip
 Mailing address (if different): _____
Street City State Zip

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

Name: Steve Roseville Job title, if known: President
 Address: 8020 Lipton Blvd. #30 Roseville CA 95747
Street City State Zip

- Check here if your case is against more than one defendant, and attach form SC-100A.
- Check here if any defendant is on active military duty, and write his or her name here: _____

3 The plaintiff claims the defendant owes \$ 1,000 . (Explain below):

a. Why does the defendant owe the plaintiff money?
The homeowners association failed to provide plaintiff access to association books and accounting records as provided in association bylaws Section 15.01, Davis-Sterling Act, and CA Corp. Code Section 8333.

When did this happen? (Date): _____

b. If no specific date, give the time period: Date started: 9/13/2018 Through: to date

c. How did you calculate the money owed to you? (Do not include court costs or fees for service.)
Davis-Sterling Act as amended by AB104 provides for penalties of up to \$500.00 for each failure to comply.
Two items were requested and not provided.

- Check here if you need more space. Attach one sheet of paper or form MC-031 and write "SC-100, Item 3" at the top.

