SC-100A Other Plaintiffs or Defendants

Case Number:		

Other plaintiff's name:	•	or entity suing), list their informa	tion below:	
Street address:		Phone:		
City:	State:	Zip:		
Mailing address (if different):				
		Zip:		
		Yes No If yes, attach form SC-103.		
Other plaintiff's name:	•			
Street address:		Phone:		
City:	State:	Zip:		
Mailing address (if different):		^		
		Zip:		
		Yes No If yes, attach form SC-103.		
☐ Check here if more than 4 p				
		or entity being sued), list their i	nformation	
below:	int (person, business	or criticy being sucu, hist then i	inomiation	
Other defendant's name:				
Street address:		Phone:		
City:	State:	Zip:		
Mailing address (if different):				
		Zip:		
		or public entity, list the person or agent o	authorized for	
service of process:	_			
		Job title, if known:		
Address:				
		Zip:		
	=	lants, and fill out and attach another forn	ı SC-100A.	
B) Is your claim for more the	• •	☐ No		
		re than two small claims cases for more t	han \$2,500 in	
California during this calendar		ma agust I baya na siabt ta anna	al thia	
 I understand that by filing claim. 	g a ciaim in smail cia	ms court, I have no right to appe	ai this	
	ar California stata law that	he information above and on any attachm	ents to this	
orm is true and correct.	er Camornia state raw that	the information above and on any accaeming	ients to tins	
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