

Form A

Other Plaintiffs or Defendants

If more than 2 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 B**.

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 B**.

If more than 2 Defendants (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: _____

Other Defendant's Name: _____

Street Address: _____ Phone: _____

City: _____ State: _____ Zip: _____

Mailing Address (if different): _____

City: _____ State: _____ Zip: _____

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

I have not filed, and understand that I cannot file, more than two small claims cases for more than \$2,500 in California during the current calendar year.