

This form is attached to Form SC-100, item 1 or 2.

**1 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 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 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: \_\_\_\_\_


Check here if more than 4 defendants and fill out and attach another Form SC-100A.

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

**4 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.**

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: \_\_\_\_\_  \_\_\_\_\_  
*Type or print your name* *Sign your name*

Date: \_\_\_\_\_  \_\_\_\_\_  
*Type or print your name* *Sign your name*