SC-100A Other Plaintiffs or Defendants

Case Number:	

-			
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 plaint	=		
If more than one defendant ((person, business	s, or entity being sued), list their informa	
below:	,	, , , , , , , , , , , , , , , , , , , ,	
Other defendant's name:			
Street address:		Phone:	
City:	State:	Zip:	
Mailing address (if different):			
		Zip:	
	nited liability company	y, or public entity, list the person or agent authorized	
service of process:	Τ.,	1 24 261	
		b title, if known:	
Address:			
		Zip: ndants, and fill out and attach another form SC-100A	
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	\$2,500 ?	□ N0	
		and them two small alaims assess for more than \$2.50	
If yes, I have not filed, and understar	nd that I cannot file, m	nore than two small claims cases for more than \$2,50	
If yes, I have not filed, and understar California during this calendar year	nd that I cannot file, m		
If yes, I have not filed, and understar California during this calendar year	nd that I cannot file, m	nore than two small claims cases for more than \$2,500 mims court, I have no right to appeal this	
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