

**SUPERIOR COURT OF CALIFORNIA • SAN MATEO COUNTY
SMALL CLAIMS DIVISION**

SOUTHERN BRANCH
500 County Center
Redwood City, CA 94063
(650) 363-4303

CENTRAL BRANCH
800 N. Humboldt Street
San Mateo, CA 94401
(650) 573-2605

NORTHERN BRANCH
1050 Mission Road
So. San Francisco, CA 94080
(650) 877-5775

PLAINTIFF'S STATEMENT TO CLERK

STATE YOUR NAME AND RESIDENCE ADDRESS, AND THE NAME AND ADDRESS OF ANY OTHER PERSON JOINING WITH YOU IN THIS ACTION. *NOTE: IF THIS CLAIM ARISES FROM A BUSINESS TRANSACTION, GIVE THE NAME AND ADDRESS OF YOUR BUSINESS, AND COMPLETE A FICTITIOUS BUSINESS NAME DECLARATION (SEE CLERK'S OFFICE FOR FORM SC-103): [NOT TO INCLUDE WITNESSES]*

- a. NAME _____ Home phone no. _____
ADDRESS _____ Work phone no. _____
- b. NAME _____ Home phone no. _____
ADDRESS _____ Work phone no. _____

STATE NAME AND ADDRESS OF EACH PERSON OR BUSINESS FIRM YOU ARE SUING (DEFENDANT) *NOTE: If you are suing one or more individuals, give the full name of each. If you are suing a business owned by an individual, give the name of the owner and the name of the business owned. If you are suing a partnership, give the names of the partners and the name of the partnership. If you are suing a corporation, give its full name and name of a servicing agent. If your claim arises out of a vehicle accident, you should name the driver and also the registered owner as defendants in the action, generally you may not name the defendant's insurance company.*

- a. NAME _____ Home phone no. _____
ADDRESS _____ Work phone no. _____
- b. NAME _____ Home phone no. _____
ADDRESS _____ Work phone no. _____

1. a. Defendant owes me the sum of \$ _____, not including court costs, because:
Describe Claim: _____
Date incurred: _____
City where obligation was entered into or was to be performed or location of accident: _____
- b. I have had an arbitration of an attorney-client fee dispute. (*Attach form Attorney-Client Fee Dispute Attachment*).
2. This claim is against a government agency, and I filed a claim with the agency. My claim was denied by the agency, or the agency did not act on my claim before the legal deadline.
3. a. I have asked defendant to pay this money, but it has not been paid.
b. I have NOT asked defendant to pay this money because (explain): _____

(CONTINUED ON REVERSE)

CALENDARED FOR: _____ TIME: _____ COURT USE ONLY FEE: _____ CASE#: _____

VENUE TABLE

4. The plaintiff must file the claim in the proper court and geographical area. This rule is called venue. The boxes below describe possible reasons for filing the claims in this court. Check the appropriate box.

This court is the proper court for the trial of this case because

- A. a defendant lives in this judicial district or a defendant corporation or unincorporated association has its principal place of business in this judicial district.
- B. a person was injured or personal property was damaged in this judicial district.
- C. a defendant signed or entered into a contract in this judicial district, a defendant lived in this judicial district when the contract was entered into, a contract or obligation was to be performed in this judicial district, or, if the defendant was a corporation, the contract was breached in this judicial district.
- D. the claim is on a retail installment account or contract subject to Civil Code section 1812.10 (Specify facts)
- E. the claim is on a vehicle finance sale subject to Civil Code section 2984.4. (Specify facts)
- F. other. (Specify facts)

- 5. I have have not filed more than one other small claims action anywhere in California during this calendar year in which the amount demanded is more than \$2,500.
- 6. I have have not filed more than 12 small claims, including this claim, during the previous 12 months.
- 7. I understand that
 - a. I may talk to an attorney about this claim, but I cannot be represented by an attorney at the trial in the small claims court.
 - b. I must appear at the time and place of trial and bring all witnesses, books, receipts, and other papers or things to prove my case.
 - c. I have no right of appeal on my claim, but I may appeal a claim filed by the defendant in this case.
 - d. If I cannot afford to pay the fees for filing or service by a sheriff, marshal, or constable, I may ask that the fees be waived.
- 8. I have received and read the information sheet explaining some important rights of plaintiffs in the small claims court.
- 9. I must provide my own interpreter, if needed.

THERE ARE ARE NO other Small Claims cases involving the same plaintiffs against the same defendants filed in this court. If THERE ARE, the case numbers are _____

FOR AUTOMOBILE ACCIDENTS ONLY:

AT THE TIME OF THE ACCIDENT, I WAS THE REGISTERED OWNER OF THE VEHICLE YES NO

DECLARATION OF NON-MILITARY STATUS

No defendant named is in the military service so as to be entitled to the benefits of the Soldier's or Sailors' Civil Relief Act of 1940 except [check none, if no defendant in military service]

None The following [name] _____

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date: _____

[Type or print name]

[Signature of Plaintiff]