To keep other people from seeing what you entered on your form, please press the Clear This Form button at the end of the form when finished.

SC-120A Other Plaintiffs or Defendants

Case Number:

☑ This form is attached to Form SC-120, item 1 or 2.

1 If more than 2 plaintiffs (person, business, or public entity being sued), list their information below:

Other plaintiff's name: _____

Street address: _____ Phone: (____) _____

City: _____ State: _____ Zip: _____

Mailing address *(if different)*: _____

City: _____ State: _____ Zip: _____

Other plaintiff's name: _____

Street address: _____ Phone: (____) _____

City: _____ State: _____ Zip: _____

Mailing address *(if different)*: _____

City: _____ State: _____ Zip: _____

☐ *Check here if more than 4 plaintiffs and fill out and attach another Form SC-120A.*

2 If more than 2 defendants (person, business, or public entity suing), list their information below:

Other defendant's name: _____

Street address: _____ Phone: (____) _____

City: _____ State: _____ Zip: _____

Mailing address *(if different)*: _____

City: _____ State: _____ Zip: _____

Is this defendant doing business under a fictitious name? ☐ Yes ☐ No *If yes, attach Form SC-103.*

Other defendant's name: _____

Street address: _____ Phone: (____) _____

City: _____ State: _____ Zip: _____

Mailing address *(if different)*: _____

City: _____ State: _____ Zip: _____

Is this defendant doing business under a fictitious name? ☐ Yes ☐ No *If yes, attach Form SC-103.*

☐ *Check here if more than 4 defendants and fill out and attach another Form SC-120A.*

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*

For your protection and privacy, please press the Clear This Form button after you have printed the form.

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