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\$0,000 - \$ 1,500 = \$30

Plaintiff (list names): \$1,500.01 - \$5,000 = \$50 \$5,000.01- \$12,500 = \$75

If you have filed more than 12 cases = \$100

- Cannot be served by the plaintiff				
	Case Number:			

- File with court then serve defendant

Street address: 123 Main St	Phone: Los Angeles		
Street	City	State	
Mailing address (if different):	•		r-
Street	City	State	Zip
Email address (if available):			
If more than one plaintiff, list next plaintiff her	e:		
Name:	Phone:		
Street address:			
Street	City	State	Zip
Mailing address (if different):			
Street	City	State	Zip
Email address (if available):			
$\square$ Check here if more than two plaintiffs and attach form $_{1}$	<u>SC-100A.</u>		
Check here if either plaintiff listed above is doing busin		and atta	ch form SC-103
	-		
☐ Check here if any plaintiff is a "licensee" or "deferred	deposit originator" (payde	ay lender)	) under Financia
Code sections 23000 et seq.			
The defendant (the person, business, or public	c entity being sued)	is:	
Name: John Smith	Phone:		
450 14/11 0 1 4	Los Angeles		
Street	City	State	Zip
Mailing address (if different):			
Street	City	State	Zip
		4 ! 4 .	
If the defendant is a corporation, limited liabili	ty company, or publ	c entity	$\prime$ , list the pers
If the defendant is a corporation, limited liabili or agent authorized for service of process her		ic entity	, list the pers
or agent authorized for service of process her	e:	-	•
or agent authorized for service of process her	e:	-	•
or agent authorized for service of process her  Name:  Address:	e:		•
or agent authorized for service of process her Name: Address:	e:  Job title, if known:  City  State	e Zip	•
or agent authorized for service of process her  Name:  Address:  Street	Gity State lant and attach form SC-1	e Zip 00A.	•
or agent authorized for service of process her  Name:  Address:  Street  Check here if your case is against more than one defend  Check here if any defendant is on active military duty and	Lity State dant and attach form SC-1 and write defendant's name	zip 00A. here:	
or agent authorized for service of process her  Name:  Address:  Street  Check here if your case is against more than one defend Check here if any defendant is on active military duty at  The plaintiff claims the defendant owes \$ 1,26	City State and attach form SC-1 and write defendant's name (Explan)	zip 00A. here:	
or agent authorized for service of process her  Name:  Address:  Street  Check here if your case is against more than one defend Check here if any defendant is on active military duty at  The plaintiff claims the defendant owes \$ 1,20  (Note: A claim for COVID-19 rental debt cannot be made of	Let y State and attach form SC-1 and write defendant's name on this form. Use form	e Zip 00A. here: in below o	and on next page
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Rev. January 1, 2024

ntiff (list names):	Case Number:
b. When did this happen? (Date): 01/13/2024  If no specific date, give the time period: Date started:	Through:
c. How did you calculate the money owed to you? (Do not include	
☐ Check here if you need more space. Attach one sheet of paper of the top.	or form <u>MC-031</u> and write "SC-100, Item 3" at
You must ask the defendant (in person, in writing, o sue. If your claim is for possession of property, you the property. Have you done this?	
✓ Yes   No If no, explain why not:	
Why are you filing your claim at this courthouse?	
This courthouse covers the area (check the one that applies):  a. ✓ (1) Where the defendant lives or does business. (2) Where the plaintiff's property was damaged. (3) Where the plaintiff was injured.  who	nere a contract (written or spoken) was made, ned, performed, or broken by the defendant <i>or</i> ere the defendant lived or did business when the contract.
This courthouse covers the area (check the one that applies):  a. ✓ (1) Where the defendant lives or does business. (4) Where the plaintiff's property was damaged. (3) Where the plaintiff was injured. who defended by the buyer or lessee signed the contract, lives now, or is about an offer or contract for personal, family, or households.	ned, performed, or broken by the defendant <i>or</i> ere the defendant lived or did business when the endant made the contract.  r lived when the contract was made, if this claim
<ul> <li>This courthouse covers the area (check the one that applies):</li> <li>a. ✓ (1) Where the defendant lives or does business. (4) Where the plaintiff's property was damaged. (3) Where the plaintiff was injured. where the buyer or lessee signed the contract, lives now, or is about an offer or contract for personal, family, or househ § 395(b).)</li> <li>c. ☐ Where the buyer signed the contract, lives now, or lived where the lives now the lives now</li></ul>	ned, performed, or broken by the defendant <i>or</i> ere the defendant lived or did business when the endant made the contract.  I lived when the contract was made, if this claim old goods, services, or loans. (Code Civ. Proc., nen the contract was made, if this claim is about
This courthouse covers the area (check the one that applies):  a. ✓ (1) Where the defendant lives or does business. (4) Where the plaintiff's property was damaged. (3) Where the plaintiff was injured. who defends the contract, lives now, or is about an offer or contract for personal, family, or househ § 395(b).)  c. □ Where the buyer signed the contract, lives now, or lived where the lives now t	ned, performed, or broken by the defendant <i>or</i> ere the defendant lived or did business when the endant made the contract.  I lived when the contract was made, if this claim old goods, services, or loans. (Code Civ. Proc., nen the contract was made, if this claim is about 1812.10.)  The nen the contract was made, or where the vehicle of the contract was made, or where the vehicle of the contract was made, or where the vehicle
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<ul> <li>This courthouse covers the area (check the one that applies):</li> <li>a. ✓ (1) Where the defendant lives or does business. (4) Where the plaintiff's property was damaged. (3) Where the plaintiff was injured. who defends the contract, lives now, or is about an offer or contract for personal, family, or househ § 395(b).)</li> <li>c. ☐ Where the buyer signed the contract, lives now, or lived who retail installment contract (like a credit card). (Civ. Code, § d. ☐ Where the buyer signed the contract, lives now, or lived who permanently garaged, if this claim is about a vehicle finance.</li> </ul>	ned, performed, or broken by the defendant <i>or</i> ere the defendant lived or did business when the endant made the contract.  I lived when the contract was made, if this clair old goods, services, or loans. (Code Civ. Proc., nen the contract was made, if this claim is about 1812.10.)  Then the contract was made, or where the vehicle e sale. (Civ. Code, § 2984.4.)
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This courthouse covers the area (check the one that applies):  a. ✓ (1) Where the defendant lives or does business. (4) Where the plaintiff's property was damaged. (3) Where the plaintiff was injured. who defends the contract, lives now, or is about an offer or contract for personal, family, or househ § 395(b).)  c. □ Where the buyer signed the contract, lives now, or lived where the buyer	ned, performed, or broken by the defendant or ere the defendant lived or did business when the rendant made the contract.  It lived when the contract was made, if this claim old goods, services, or loans. (Code Civ. Proc., nen the contract was made, if this claim is about 1812.10.)  Then the contract was made, or where the vehicle e sale. (Civ. Code, § 2984.4.)  The same of t

	<u> </u>
Plaintiff (list names):	Case Number:
9 Have you filed more than 12 other small claims  ☐ Yes ✓ No If yes, the filing fee for this case will be	
10 Is your claim for more than \$2,500?   If you answer yes, you also confirm that you have not filed, a small claims cases for more than \$2,500 in California during	and you understand that you may not file, more than two
11) I understand that by filing a claim in small clain claim.	ns court, I have no right to appeal this
I declare under penalty of perjury under the laws of the State of Ca attachments to this form is true and correct.	alifornia that the information above and on any
Date: 05/24/2024	
Jane Doe	Jane Doe Plaintiff signs here
Plaintiff types or prints name here	Plaintiff signs here
Date:	
•	
Second plaintiff types or prints name here	Second plaintiff signs here



## **Requests for Accommodations**

Assistive listening systems, computer-assisted real-time captioning, or sign language interpreter services are available if you ask at least five days before the trial. For these and other accommodations, contact the clerk's office for form MC-410, *Disability Accommodation Request*. (Civ. Code, § 54.8.)

\$0,000 - \$ 1,500 = \$30

Plaintiff (list names): \$1,500.01 - \$5,000 = \$50

\$5,000.01- \$12,500 = \$75

- Serve the Agent for Service or Officer
- Will be Substituted Service
Case Number:

Name: Jane Doe	Phone:		
Street address: 123 Main St	Los Angeles	CA	90012
Street	City	State	Zip
Mailing address (if different):			
Street	City	State	Zip
Email address (if available):			
If more than one plaintiff, list next plaintiff	here:		
Name:	Phone:		
Street address:			
Street	City	State	Zip
Mailing address (if different):	· · · · · · · · · · · · · · · · · · ·		
Street	City	State	Zip
Email address (if available):			
☐ Check here if more than two plaintiffs and attach j	form <u>SC-100A.</u>		
☐ Check here if either plaintiff listed above is doing	business under a fictitious nam	e and atta	ch form SC-103
Check here if any plaintiff is a "licensee" or "defe Code sections 23000 et seq.	errea aeposit originator" (payd	ay tender)	unaer Financia
•		_	
The defendant (the person, business, or p	ublic entity being sued)	is:	
Name: Granny's Bakery, LLC	Phone:		
Street address: 456 White Oak Ave	Los Angeles		90018
	LUS Allycics		
Street	City	State	Zip
	City	State	Zip 
Street  Mailing address (if different):  Street	City  City	State State	Zip  Zip
Street  Mailing address (if different): Street  If the defendant is a corporation, limited li	City  City  ability company, or publ	State State	Zip  Zip
Mailing address (if different):  Street  If the defendant is a corporation, limited li or agent authorized for service of process	City  City  ability company, or publ	State State	Zip  Zip
Street  Mailing address (if different):  Street  If the defendant is a corporation, limited li or agent authorized for service of process	City  City  ability company, or publ	State State State	Zip Zip  7, list the pers
Street  Mailing address (if different):  Street  If the defendant is a corporation, limited li or agent authorized for service of process	City  City  ability company, or public here:	State State State	Zip Zip  7, list the pers
Street  Mailing address (if different):  Street  If the defendant is a corporation, limited li or agent authorized for service of process  Name: Nancy Bruin  Address: 900 Black Oak  Street	City  ability company, or publes here:  Job title, if known: Age  City  Stat	State  State  ic entity  nt for Se	Zip Zip  7, list the pers
Street  Mailing address (if different):  Street  If the defendant is a corporation, limited li or agent authorized for service of process  Name: Nancy Bruin  Address: 900 Black Oak	City  ability company, or publes here:  Job title, if known: Age  City  Stat	State  State  ic entity  nt for Se	Zip Zip  7, list the pers
Street  Mailing address (if different):  Street  If the defendant is a corporation, limited li or agent authorized for service of process  Name: Nancy Bruin  Address: 900 Black Oak  Street	City  ability company, or publes here:  Job title, if known: Age  City  State  defendant and attach form SC-1	State  State  ic entity  nt for Se  e Zip  000A.	Zip Zip  7, list the pers
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Street  Mailing address (if different):  Street  If the defendant is a corporation, limited li or agent authorized for service of process  Name: Nancy Bruin  Address: 900 Black Oak  Street  Check here if your case is against more than one of the check here if any defendant is on active military defendant is on active military defendant in the control of the check here if any defendant is on active military defendant in the control of the check here if any defendant is on active military defendant in the control of the check here if any defendant is on active military defendant in the check here if any defendant is on active military defendant in the check here if any defendant is on active military defendant in the check here if any defendant is on active military defendant in the check here if any defendant is on active military defendant in the check here if any defendant is on active military defendant in the check here if any defendant is on active military defendant in the check here if any defendant is on active military defendant in the check here if any defendant is on active military defendant in the check here if any defendant is on active military defendant in the check here if any defendant is on active military defendant in the check here if any defendant is on active military defendant in the check here if any defendant is on active military defendant in the check here if any def	City  ability company, or publes here:  Job title, if known: Age  City State  defendant and attach form SC-1  duty and write defendant's name  1,500 . (Explainate on this form. Use form	State  State  State  ic entity  nt for Se  e Zip  00A. e here: in below of	zip  zip  y, list the perservice of Proce
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Filing Fee: - Attach SC-103 Fictitious Business Name

\$0,000 - \$ 1,500 = \$30 • \$1,500 01 - \$5,000 = \$50

Plaintiff (*list names*): \$1,500.01 - \$5,000 = \$50 \$5,000.01- \$12,500 = \$75

Case Number:		

Street address: 123 Main St	Phone: Los Angeles		90012
Street	City	State	Zip
Mailing address (if different):			
Street	City	State	Zip
Email address (if available):			
If more than one plaintiff, list next plaintiff	here:		
Name:	Phone:		
Street address:			
Street	City	State	Zip
Mailing address (if different):			
Street	City	State	Zip
Email address (if available):			
$\square$ Check here if more than two plaintiffs and attach f	form <u>SC-100A.</u>		
$\sqrt{}$ Check here if either plaintiff listed above is doing		and atta	ch form SC-103
	•		*
Check here if any plaintiff is a "licensee" or "defe	erred deposit originator'' (payd	ay tender)	under Financia
Code sections 23000 et seq.			
The defendant (the person, business, or p	ublic entity being sued)	is:	
Name: John Smith	Phone:		
450 14 11 11 0 1 4	Los Angeles		
Street	City	State	Zip
Mailing address (if different):			
Mailing address (if different):  Street	 City	State	Zip
	City		•
Street  If the defendant is a corporation, limited li	<i>Сity</i> ability company, or publ		•
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If the defendant is a corporation, limited lie or agent authorized for service of process  Name:  Address:  Street  Check here if your case is against more than one agent authorized for service of process.	ability company, or puble here:  Job title, if known: State lefendant and attach form SC-1 atty and write defendant's name attach form this form. Use form	e Zip 00A. here:	and on next page.
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**SC-103** 

# **Fictitious Business Name**

Case Number:

Eill in	Cooo	Number	
	Case	number	

This form is attached to: ✓ Form SC-100	☐ Form SC-120 ☐ Form SC-500
("doing business as," or "dba") give to estate investment trusts do not have to file this fo	
Business name of the person suing: Acapulco R	
	Box): 123 Main Street, Los Angeles, CA 90012
The business listed in 1 does busine	ess as (check ONLY one):
✓ an individual □ a corp	poration
an association a limi	ted liability company
a partnership other	(specify):
	names. If you have not followed these laws, including filing a y and publishing this information in a local newspaper, the court
	Fictitious Business Name Statement (dba):
Your Fictitious Business Name Stater  Date your Fictitious Business Name S	
Your Fictitious Business Name Stater  Date your Fictitious Business Name S  I declare under penalty of perjury under the laws	
Your Fictitious Business Name Stater  Date your Fictitious Business Name S  I declare under penalty of perjury under the laws	Statement expires: 01/04/2025  s of the State of California that the information above is true and
Your Fictitious Business Name Stater  Date your Fictitious Business Name S  I declare under penalty of perjury under the laws correct. Only the owner, president, chief executions	Statement expires: 01/04/2025 s of the State of California that the information above is true and
Your Fictitious Business Name Stater  Date your Fictitious Business Name S  I declare under penalty of perjury under the laws correct. Only the owner, president, chief execution Date: 03/14/2024	Statement expires: 01/04/2025  s of the State of California that the information above is true and ative officer (CEO), or other qualified officer can sign this form

Page 11

\$0,000 - \$ 1,500 = \$30

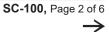
Plaintiff (list names): \$1,500.01 - \$5,000 = \$50

\$5,000.01- \$12,500 = \$75

If you have filed more than 12 cases = \$100

- Substituted Service may be done on
an employee
Case Number:

	Phone:		
Street address: 123 Main St			90012
Street	City	State	Zip
Mailing address (if different):			
Street	City	State	Zip
Email address (if available):			
If more than one plaintiff, list next plaintiff he	re:		
Name:	Phone:		
Street address:			
Street	City	State	Zip
Mailing address (if different):			
Email address (if available):	City	State	
<ul><li>☐ Check here if either plaintiff listed above is doing busi</li><li>☐ Check here if any plaintiff is a "licensee" or "deferred</li></ul>	· ·		
Code sections 23000 et seq.		ŕ	
The defendant (the person, business, or publ	ic entity being sued)	is:	
Name: John Smith DBA John's Towing Service	Phone:		
Street address: 456 White Oak Ave	Los Angeles		90018
		• •	Zin
Street	City	State	•
Mailing address (if different):			
Mailing address (if different):  Street	City	State	Zip
Mailing address (if different): Street  If the defendant is a corporation, limited liabi	City	State	Zip
Mailing address (if different):  Street  If the defendant is a corporation, limited liabi or agent authorized for service of process he	City lity company, or publ re:	State ic entity	Zip y, list the pers
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Rev. January 1, 2024

\$0,000 - \$ 1,500 = \$30

Plaintiff (list names): \$1,500.01 - \$5,000 = \$50

\$5,000.01- \$12,500 = \$75

- Will be Substituted Service Case Number:	_
- Serve Agent for Service or Officer	

Name: Jane Doe   Phone:	Street address: 123 Main St Street Mailing address (if different): Street Email address (if available): f more than one plaintiff, list next plaintiff he Name: Street address: Street	Los Angeles City City	State	Zip
Mailing address (if different):  Street  City  State  Zip  Mailing address (if different):  Street  City  State  City  State  City  State  City  State  City  State  Street  City  State  Street  City  State  Street  Mailing address (if different):  Street  City  State  City  State  City  State  Street  City  State  City  State  City  State  Street  City  State  City  State  City  State  City  State  City  State  City  State  Street  City  State  Street  City  State  Cit	Street Mailing address (if different): Street Email address (if available): f more than one plaintiff, list next plaintiff he Name: Street address: Street	City City	State	Zip
Mailing address (if different):  Street City State Zip  Email address (if available):  If more than one plaintiff, list next plaintiff here:  Name:  Street Address:  Street City State Zip  Mailing address (if different):  Street City State Zip  Email address (if available):  Check here if more than two plaintiffs and attach form SC-1004.  Check here if either plaintiff listed above is doing business under a fictitious name and attach form SC-103.  Check here if any plaintiff is a "licensee" or "deferred deposit originator" (payday lender) under Financia Code sections 23000 et seq.  The defendant (the person, business, or public entity being sued) is:  Name: Place to Go, Inc  Street City State Zip  Mailing address (if different):  State Zip  Mailing address (if different):  State Zip  Mailing address (if different):  State Zip  Mailing address (if different):	Mailing address (if different):  Street  Email address (if available):  f more than one plaintiff, list next plaintiff he  Name:  Street address:  Street	City		
Email address (if available):  If more than one plaintiff, list next plaintiff here:  Name: Phone:  Street address:  Street City State Zip  Mailing address (if different):  Check here if more than two plaintiff isted above is doing business under a fictitious name and attach form SC-103.  Check here if either plaintiff listed above is doing business under a fictitious name and attach form SC-103.  Check here if any plaintiff is a "licensee" or "deferred deposit originator" (payday lender) under Financia Code sections 23000 et seq.  The defendant (the person, business, or public entity being sued) is:  Name: Place to Go, Inc  Phone:  Street City State Zip  Mailing address (if different):  Street City State Zip  If the defendant is a corporation, limited liability company, or public entity, list the persor agent authorized for service of process here:  Name: CT Corporation System  Job title, if known: Agent for Service of Process here:  Name: CT Corporation System  Job title, if known: Agent for Service of Process here:  City State Zip  Check here if your case is against more than one defendant and attach form SC-1004.  Check here if any defendant is on active military duty and write defendant's name here:  The plaintiff claims the defendant owes \$ 2,000 (Explain below and on next page (Note: A claim for COVID-19 rental debt cannot be made on this form. Use form SC-500, Plaintiff's Claim and ORDER to Go to Small Claims Court (COVID-19 Rental Debt).)  a. Why does the defendant owe the plaintiff money?	Street Email address (if available):  f more than one plaintiff, list next plaintiff he Name:  Street address:  Street	City	State	Zip
Email address (if available):    If more than one plaintiff, list next plaintiff here:   Name:	Email address (if available):  f more than one plaintiff, list next plaintiff he  Name:  Street address:  Street	re:	State	Zip
If more than one plaintiff, list next plaintiff here:  Name:	f more than one plaintiff, list next plaintiff he Name: Street address: Street			
Name:	Name:Street			
Street address:  Street  Street  City  State  Zip  Mailing address (if different):  Street  City  State  City  State  City  State  Zip  Email address (if available):  Check here if more than two plaintiffs and attach form SC-100A.  Check here if either plaintiff listed above is doing business under a fictitious name and attach form SC-103.  Check here if any plaintiff is a "licensee" or "deferred deposit originator" (payday lender) under Financia Code sections 23000 et seq.  The defendant (the person, business, or public entity being sued) is:  Name: Place to Go, Inc  Phone:  Street City  State  Zip  Mailing address (if different):  Street  City  State  Zip  If the defendant is a corporation, limited liability company, or public entity, list the persor agent authorized for service of process here:  Name: CT Corporation System  Job title, if known:  Address: 818 W 7th St., Ste. 930  Los Angeles  Check here if your case is against more than one defendant and attach form SC-1004.  Check here if any defendant is on active military duty and write defendant's name here:  The plaintiff claims the defendant owes \$ 2,000  (Explain below and on next page (Note: A claim for COVID-19 rental debt cannot be made on this form. Use form  SC-500, Plaintiff's Claim and ORDER to Go to Small Claims Court (COVID-19 Rental Debt).)  a. Why does the defendant owe the plaintiff money?	Street address:  Street	Phone:		
Street address:  Street City State Zip  Mailing address (if different):  Street City State Zip  Email address (if available):  Check here if more than two plaintiffs and attach form SC-1004.  Check here if either plaintiff listed above is doing business under a fictitious name and attach form SC-103.  Check here if any plaintiff is a "licensee" or "deferred deposit originator" (payday lender) under Financia Code sections 23000 et seq.  The defendant (the person, business, or public entity being sued) is:  Name: Place to Go, Inc Phone:  Street City State Zip  Mailing address (if different):  Street City State Zip  If the defendant is a corporation, limited liability company, or public entity, list the persor agent authorized for service of process here:  Name: CT Corporation System Job title, if known: Agent for Service of Process: 818 W 7th St., Ste. 930 Los Angeles CA 90017  Street City State Zip  Check here if your case is against more than one defendant and attach form SC-1004.  Check here if any defendant is on active military duty and write defendant's name here:  The plaintiff claims the defendant owes 2,000 (Explain below and on next page (Note: A claim for COVID-19 rental debt cannot be made on this form. Use form SC-500, Plaintiff's Claim and ORDER to Go to Small Claims Court (COVID-19 Rental Debt).)  a. Why does the defendant owe the plaintiff money?	Street address:  Street			
Mailing address (if different):  Street  Street  City  State  Zip  Email address (if available):  Check here if more than two plaintiffs and attach form SC-100A.  Check here if either plaintiff listed above is doing business under a fictitious name and attach form SC-103.  Check here if any plaintiff is a "licensee" or "deferred deposit originator" (payday lender) under Financia Code sections 23000 et seq.  The defendant (the person, business, or public entity being sued) is:  Name: Place to Go, Inc  Street address:  456 White Oak Ave  Los Angeles  Street  City  State  Zip  If the defendant is a corporation, limited liability company, or public entity, list the persor agent authorized for service of process here:  Name: CT Corporation System  Job title, if known:  Address: 818 W 7th St., Ste. 930  Address: 818 W 7th St., Ste. 930  Los Angeles  City  City  State  Zip  Check here if your case is against more than one defendant and attach form SC-100A.  Check here if any defendant is on active military duty and write defendant's name here:  The plaintiff claims the defendant owes \$ 2,000  (Explain below and on next page (Note: A claim for COVID-19 rental debt cannot be made on this form. Use form  SC-500, Plaintiff's Claim and ORDER to Go to Small Claims Court (COVID-19 Rental Debt).)  a. Why does the defendant owe the plaintiff money?	Street			
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or agent authorized for service of process here:  Name: CT Corporation System  Job title, if known: Agent for Service of Process  Address: 818 W 7th St., Ste. 930  Los Angeles  CA 90017  Street  City State Zip  Check here if your case is against more than one defendant and attach form SC-100A.  Check here if any defendant is on active military duty and write defendant's name here:  The plaintiff claims the defendant owes \$ 2,000  (Note: A claim for COVID-19 rental debt cannot be made on this form. Use form SC-500, Plaintiff's Claim and ORDER to Go to Small Claims Court (COVID-19 Rental Debt).)  a. Why does the defendant owe the plaintiff money?	Street	City	State	Zip
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Street  City  State Zip  Check here if your case is against more than one defendant and attach form SC-100A.  Check here if any defendant is on active military duty and write defendant's name here:  The plaintiff claims the defendant owes \$ 2,000  (Explain below and on next page (Note: A claim for COVID-19 rental debt cannot be made on this form. Use form SC-500, Plaintiff's Claim and ORDER to Go to Small Claims Court (COVID-19 Rental Debt).)  a. Why does the defendant owe the plaintiff money?	lame: CT Corporation System	_ Job title, if known: _	Agent for S	ervice of Prod
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The plaintiff claims the defendant owes \$ 2,000 . (Explain below and on next page (Note: A claim for COVID-19 rental debt cannot be made on this form. Use form SC-500, Plaintiff's Claim and ORDER to Go to Small Claims Court (COVID-19 Rental Debt).)  a. Why does the defendant owe the plaintiff money?	] Check here if your case is against more than one defen	edant and attach form $\underline{S}$	<u>C-100A.</u>	
(Note: A claim for COVID-19 rental debt cannot be made on this form. Use form SC-500, Plaintiff's Claim and ORDER to Go to Small Claims Court (COVID-19 Rental Debt).)  a. Why does the defendant owe the plaintiff money?	Check here if any defendant is on active military duty of	and write defendant's no	ame here:	
(Note: A claim for COVID-19 rental debt cannot be made on this form. Use form SC-500, Plaintiff's Claim and ORDER to Go to Small Claims Court (COVID-19 Rental Debt).)  a. Why does the defendant owe the plaintiff money?	he plaintiff claims the defendant owes \$ 20	)00 . <i>(Ex</i>	aplain helow a	and on next page
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a. Why does the defendant owe the plaintiff money?			Rental Debt).	)
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	i paid the deteridant for found trip tickets, but wh			
	i paid the defendant for found the tickets, but wh			



\$0,000.00 - \$1,500.00 = \$30

Plaintiff (list names): \$1,500.01 - \$5,000.00 = \$50

\$5,000.01 - \$12,500.00 = \$75

-Prior to filing SC-100 Plaintiff's Claim a
State Claim for Damages must be filed
Case Number:

Name: Jane Doe	Phone:		
Street address: 123 Main St			90012
Street	City	State	Zip
Mailing address (if different):			
Street	City	State	Zip
Email address (if available):			
If more than one plaintiff, list next plaintiff h	iere:		
Name:	Phone:		
Street address:			
Street	City	State	Zip
Mailing address (if different):			
Street Email address (if available):	City	State	Zip
Code sections 23000 et seq.  The defendant (the person, business, or pu	,	s:	
Name: State of California, A Public Entity			
Street address:1300   Street	Sacramento	CA	95814
Street	City	State	Zip
Mailing address (if different):			
Street	City	State	Zip
If the defendant is a corneration, limited lial	hility company, or nubli	c antity	/ High tha hard
If the defendant is a corporation, limited lial or agent authorized for service of process h		c entity	, list the pers
or agent authorized for service of process h	nere:	-	•
or agent authorized for service of process hame: Office of the Attorney General	nere: Job title, if known:Atto	orney G	General
or agent authorized for service of process h	nere: Job title, if known:Atto	orney G	General
or agent authorized for service of process hame: Office of the Attorney General Address: 1300   Street	Job title, if known: Atto	orney G	General
or agent authorized for service of process hame: Office of the Attorney General  Address: 1300   Street	Job title, if known: Atto Sacramento CA City State Gendant and attach form SC-10	orney G <u>95</u> Zip 004.	General
or agent authorized for service of process hame: Office of the Attorney General  Address: 1300   Street  Street  Check here if your case is against more than one dep  Check here if any defendant is on active military dut	Sacramento City State Gendant and attach form SC-10 y and write defendant's name	orney G 2ip 004. here:	General 814
or agent authorized for service of process hame: Office of the Attorney General  Address: 1300   Street  Street  Check here if your case is against more than one dep  Check here if any defendant is on active military duty  The plaintiff claims the defendant owes \$	Job title, if known: Atte Sacramento CA  City State Sendant and attach form SC-10  y and write defendant's name  5,000 (Explain	orney G 2ip 004. here:	General 814
or agent authorized for service of process hame: Office of the Attorney General  Address: 1300   Street  Street  Check here if your case is against more than one dep  Check here if any defendant is on active military dut	Job title, if known: Atto Sacramento City State Fendant and attach form SC-10 y and write defendant's name 5,000 Le on this form. Use form	orney G 2 95 Zip 10A. here: n below o	Seneral 814  and on next page.
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\$0,000.00 - \$ 1,500.00 = \$30

Plaintiff (list names): \$1,500.01 - \$5,000.00 = \$50

\$5,000.01 - \$12,500.00 = \$75

- Prio	r to filing SC-100 Plaintiff's Claim
a C	ounty Claim for Damages must be filed
	Case Number:

Name: Jane	Doe	Phone:		
Street address:	123 Main St	Los Angeles	CA	90012
	Street	City	State	Zip
Mailing addres	s (if different):			
F '1 11	Street	City	State	Zip
	(if available):			
	one plaintiff, list next plaintiff her			
Name:		Phone:		
Street address:				
	Street	City	State	Zip
Mailing addres	s (if different):			
Emoil adduces	Street (if available):	City	State	Zip
Coue section	ons 23000 et seq.			
The defenda	ant (the person, business, or publi	ic entity being sued)	is:	
		,		
Name: County	y of Los Angeles, A Public Entity	Phone:		90012
Name: County		Phone:		
Name: County Street address:	of Los Angeles, A Public Entity 500 W Temple St., Room 383, Hall of Administ	Phone: ration    Los Angeles City	CA State	90012
Name: County Street address: Mailing addres	y of Los Angeles, A Public Entity  500 W Temple St., Room 383, Hall of Administ Street s (if different): Street	Phone: ration    Los Angeles City City	CA State	90012 Zip
Name: County Street address: Mailing addres  If the defend or agent aut	y of Los Angeles, A Public Entity  500 W Temple St., Room 383, Hall of Administ Street s (if different): Street  dant is a corporation, limited liabil thorized for service of process here	Phone: rationLos Angeles City  City  ity company, or pub re:	CA State State	2ip Zip Zip N, list the pers
Name: County Street address: Mailing addres  If the defend or agent aut Name: Clerk	of Los Angeles, A Public Entity  500 W Temple St., Room 383, Hall of Administ Street  s (if different): Street  dant is a corporation, limited liabil thorized for service of process here of the Board, Executive Office, BOS	Phone:	CA State State State Of the	90012 Zip Zip 7, list the pers
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\$0,000.00 - \$ 1,500.00 = \$30

Plaintiff (list names): \$1,500.01 - \$5,000.00 = \$50

\$5,000.01 - \$12,500.00 = \$75

If you have filed more than 12 cases = \$100

r to filing SC-100 Plaintiff's Claim
ity Claim for Damages must be filed
Case Number:

Name: Jane Doe			
Street address: 123 Main St			90012
Street	City	State	Zip
Mailing address (if different):		<u> </u>	
Street Email address (if available):	City	State	Zip
If more than one plaintiff, list next plain			
Name:			
Street address:			
Street	City	State	
Mailing address (if different):			
Street	City	State	Zip
Email address <i>(if available):</i>			
Check here if any plaintiff is a "licensee" or "a Code sections 23000 et seq.			
The defendant (the person, business, o	r public entity being sued)	is:	
. O' (I A I A D I !! E (')			
Name: City of Los Angeles, A Public Entity	Phone:		
000 1111 00 0			
000 1111 00 0	Phone:Phone:		
Street address: 200 N Main St., Room 395	Los Angeles City	CA State	90012
Street address: 200 N Main St., Room 395  Street  Mailing address (if different):  Street	Los Angeles City City	State State	90012 Zip Zip
Street address: 200 N Main St., Room 395  Street  Mailing address (if different):  Street  If the defendant is a corporation, limited	Los Angeles  City  City  d liability company, or publ	State State	90012 Zip Zip
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Rev. January 1, 2024

# Suing a Public Entity: Name on Entity on SC-100 Plaintiff's Claim

# City of Los Angeles (A Public Entity)

Who to Serve: City Clerk's Office

Address to Serve: 200 N Spring St. Room 395, Los Angeles, CA 90012

### Los Angeles County (A Public Entity)

Who to Serve: Kenneth Hahn Hall of Administration

Address to Serve: 500 W. Temple St. Room 383, Los Angeles 90012

Subpoenas are served to Room 648

### State of California (A Public Entity)

Who to Serve: Office of the Attorney General

Address to Serve: 1300 I Street, Sacramento, CA 95814

### **Los Angeles Police Department (A Public Entity)**

Who to Serve: City Clerk's Office

Address to Serve: 200 N Spring St., Room 395, Los Angeles, CA 90012

#### Los Angeles Department of Water and Power (A Public Entity)

Who to Serve: Claims Section

Address to Serve: 111 N Hope St., Room 1555, Los Angeles, 90012

#### Los Angeles County Sheriff (A Public Entity)

Who to Serve: Civil Litigation Unit

Address to Serve: 4900 S Eastern Ave., City of Commerce, CA 90040

# **California State University (A Public Entity)**

Who to Serve: Office of the Chancellor

**Address to Serve:** 401 Golden Shore, 5<sup>th</sup> Floor, Long Beach, CA 90802

### Los Angeles Unified School District (A Public Entity)

Who to Serve: Jefferson Crain, Executive Office of the Board

Address to Serve: 333 S Beaudry Ave, 24th Floor, Los Angeles, CA 90017

#### **Metro-Link (A Public Entity)**

Who to Serve: Greg Graves (Risk Management)

Address to Serve: 700 S Flower St., 26th Floor, Los Angeles, CA 90017

### Metropolitan Transportation Authority (MTA) (A Public Entity)

Who to Serve: Board Secretary's Office, Los Angeles County Metropolitan

**Transportation Authority** 

Address to Serve: One Gateway Plaza, M/S 99-3-1, Los Angeles, CA 90012-2952

### **University of California (A Public Entity)**

Who to Serve: Regents of University of California Attn: Office General Council

Address to Serve: 1111 Franklin St., 8th Floor, Oakland, CA 94607-5200

#### University of California, Los Angeles (UCLA) (A Public Entity)

Who to Serve: Regents of University of California Attn: UCLA Medical Center

Address to Serve: 10920 Wilshire Blvd., #430, Los Angeles, CA 90024

\$0.00 - \$1,500.00 = \$30.00

Plaintiff (list names): \$1,500.01 - \$5,000.00 = \$50.00

\$5,000.01 - \$12,500 = \$75.00

-Sue Driver and Registered Owner
-Do not include Defendant's insurance agency,
Judge will dismiss agency from the case

Case Num	ber:		

	Phone:		
Street address: 123 Main St	Los Angeles	CA	90012
Street	City	State	Zip
Mailing address (if different):			
Street  Email addrags (if quailable):	City	State	Zip
Email address (if available):			
If more than one plaintiff, list next plaintiff here:			
Name:	Phone:		
Street address:		04-4-	
Street Mailing address (if different):	City	State	Zip
Mailing address (if different):  Street	City	— State	
Email address (if available):	•		,
The defendant (the person, business, or public	,		
The defendant (the person, business, or public	entity being sued) i	is:	
Name: John Smith (Registered Owner) or (R/O)	Phone:		
Street address: 456 White Oak Ave			
Street	City	State	Zip
			<u> </u>
Mailing address (if different):  Street	City		Zip
Street	City	State	<i>zip</i> /, list the per
	City company, or publi	State	•
Street  If the defendant is a corporation, limited liability or agent authorized for service of process here:	city company, or publi	State ic entity	, list the per
If the defendant is a corporation, limited liability or agent authorized for service of process here:  Name:	city company, or publications of title, if known:	State ic entity	, list the per
If the defendant is a corporation, limited liability or agent authorized for service of process here:  Name:  Address:	city company, or publications of title, if known:	State	, list the per
If the defendant is a corporation, limited liability or agent authorized for service of process here:  Name:  Address:	company, or public ob title, if known:  State	State ic entity	, list the per
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If the defendant is a corporation, limited liability or agent authorized for service of process here:  Name:  Address:  Street  Check here if your case is against more than one defendant  Check here if any defendant is on active military duty and  The plaintiff claims the defendant owes \$ 5,000  (Note: A claim for COVID-19 rental debt cannot be made on SC-500, Plaintiff's Claim and ORDER to Go to Small Claims  a. Why does the defendant owe the plaintiff money?	company, or public ob title, if known:  ity State of write defendant's name  . (Explaint this form. Use form Court (COVID-19 Rent)	State ic entity  Zip  OOA. here: in below out	and on next page
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**SC-100A** 

# Other Plaintiffs or Defendants

Case Number:	

✓ This form is attached to form SC-1	00 item 1 or 2	
$\widehat{}$		r entity suing), list their information below:
Other plaintiff's name:		
Street address:		Phone:
City:	State:	Zip:
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:
		•
City:	State:	Zip:
		Yes No If yes, attach form SC-103.
☐ Check here if more than 4 plaintifj	•	· ·
2) If more than one defendant (p	erson, business,	or entity being sued), list their information
below:	,	, ,
Other defendant's name: Mary Jones	(Driver) or (D)	
Street address: 123 White Lane		Phone:
City: Los Angeles	State: CA	Zip: 90018
Mailing address (if different):		
City:	State:	Zip:
	ted liability company,	or public entity, list the person or agent authorized for
service of process:	Ioh	title, if known:
Address:		
City:	State:	Zip:
		ants, and fill out and attach another form SC-100A.
3) Is your claim for more than \$2		□ No
		re than two small claims cases for more than \$2,500 in
California during this calendar year.	·	•
	aim in small clair	ns court, I have no right to appeal this
claim.		
declare under penalty of perjury under Cal- orm is true and correct.	itornia state law that the	he information above and on any attachments to this
Oate: 12/14/2024		
Jane Doe		Jane Doe
Type or print your name		Jane Doe Sign your name
Date:		
Type or print your name		Sign your name
udicial Council of California, www.courts.ca.gov	har Dlaintiffe or	Defendants SC-100A Page of

Judicial Council of California, www.courts.ca.gov Revised January 1, 2017, Mandatory Form Code of Civil Procedure, § 116.110 et seq.

Other Plaintiffs or Defendants
(Attachment to Plaintiff's Claim and ORDER
to Go to Small Claims Court)

**SC-100A,** Page \_\_ of \_\_

\$0.00 - \$1,500.00 = \$30.00 Plaintiff (list names): \$1,500.01 - \$5,000.00 = \$50.00

\$5,000.01 - \$12,500 = \$75.00

-Must be filed with CIV-010	
Case Number:	

Name: Jane	Doe	Phone:			
Street address:	123 Main St	I os ∆naeles	CA	90012	
	Street	City	State	Zip	
Mailing addre	ss (if different):				
- H 11	Street	City	State	Zip	
	(if available):				
	n one plaintiff, list next plair				
		Phone:			
Street address:					
	Street	City	State	Zip	
Mailing addres	ss (if different): Street	City			
Email addmaga	(if available):	•	State	Zip	
Code secti	e if any plaintiff is a "licensee" or 'ons 23000 et seq.		•		
The defendant (the person, business, or public entity being sued) is:					
	n Jones, by and through his guardia				
	456 White Oak Ave	Los Angeles	CA		
Street address:	456 White Oak Ave Street	Los Angeles City	CA State	90012 Zip	
Street address: Mailing address	Street Street Street Street	Los Angeles City	CA State	Zip  Zip	
Street address: Mailing address  If the defen or agent au	456 White Oak Ave  Street  Street  Street  dant is a corporation, limite thorized for service of process.	Los Angeles  City  City  d liability company, or pub ess here:	CA State State	Zip Zip 7, list the per	
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\$0.00 - \$1,500.00 = \$30.00

Plaintiff (*list names*): \$1,500.01 - \$5,000.00 = \$50.00 \$5,000.01 - \$12,500 = \$75.00

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	on	behalf	of the	partr	nership	)		

Case Number:

Street address:  Street  Street  City  Mailing address (if different):  Street  City  Email address (if available):  Check here if more than two plaintiffs and attach form SC-100A.  Check here if either plaintiff listed above is doing business under a fictitio Check here if any plaintiff is a "licensee" or "deferred deposit originator Code sections 23000 et seq.  The defendant (the person, business, or public entity being street address:  Pam Joo and Jim Joo Individually and DBA PJ's Tea  Pho Street address:  456 White Oak Ave  Street  City  Mailing address (if different):  Street  City  If the defendant is a corporation, limited liability company, or agent authorized for service of process here:  Name:  Job title, if know Address:  Street  Check here if your case is against more than one defendant and attach for Check here if any defendant is on active military duty and write defendant The plaintiff claims the defendant owes \$ 5,000  (Note: A claim for COVID-19 rental debt cannot be made on this form. Use for SC-500, Plaintiff's Claim and ORDER to Go to Small Claims Court (COVID: a. Why does the defendant owe the plaintiff money?	eles CA State	90012 Zip						
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SC-500, Plaintiff's Claim and ORDER to Go to Small Claims Court (COVID-a. Why does the defendant owe the plaintiff money?	(Explain below)	and on next page						
*		.)						
Defendant served the plaintiff burning hot tea which caused p	personal injury	and resulted						
the plaintiff losing time from work								

- Add the party who you've been paying rent to

Filing Fees:

\$0.00 - \$1,500.00 = \$30.00

Plaintiff (*list names*): \$1,500.01 - \$5,000.00 = \$50.00 \$5,000.01 - \$12,500 = \$75.00

Case Number:	
Case Humber.	

The plaintiff (the person, business, or publi	J		
Name: Jane Doe	Phone:		
Street address: 123 Main St	Los Angeles	CA	90012
Street	City	State	Zip
Mailing address (if different):			
Street	City	State	Zip
Email address (if available):			
If more than one plaintiff, list next plaintiff h	nere:		
Name:	Phone:		
Street address:			
Street	City	State	Zip
Mailing address (if different):			
Street	City	State	Zip
Email address (if available):			
Code sections 23000 et seq.  The defendant (the person, business, or pu	blic entity being sued) i	s:	
Name: Susana Gomez, trustee of the Susana Gom	,		
Times, Tarana Tarriot, a dotto or and oddarid Odri			
Street address: 456 White Ook Ave			00012
Street address: 456 White Oak Ave Street	Los Angeles		90012 Zip
Street	Los Angeles City	CA State	
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\$0.00 - \$1,500.00 = \$30.00

Plaintiff (*list names*): \$1,500.01 - \$5,000.00 = \$50.00

\$5,000.01 - \$12,500 = \$75.00 If have filed more than 12 cases = \$100.00

-Refe	er to your CC&R for HOA name
	Case Number:

	Phone:		
Street address: 123 Main St		CA	
Street	City	State	Zip
Mailing address (if different):  Street		State	
Email address (if available):	-	State	Zip
lf more than one plaintiff, list next pl			
Name:	Phone:		
Street address:			
Street	City	State	Zip
Mailing address (if different):	-		
Street Email address (if available):	City	State	Zip
<ul><li>Check here if either plaintiff listed above is</li><li>Check here if any plaintiff is a "licensee" of</li><li>Code sections 23000 et seq.</li></ul>	e v		v
The defendant (the person, business	s, or public entity being sued)	is:	
The defendant (the person, business Name: Sun City Roseville Community Asso	,		
Name: Sun City Roseville Community Asso	ociation, Inc. Phone:		
• • •	ociation, Inc. Phone:		
Name: Sun City Roseville Community Assorteet address: 456 White Oak Ave	City  Phone:  Los Angeles  City	CA	90012
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Name: Sun City Roseville Community Associated Address: 456 White Oak Ave Street  Mailing address (if different): Street  If the defendant is a corporation, lim	Los Angeles City  City  ited liability company, or public ocess here:	CA State State	90012 Zip Zip
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Plaintiff (list names):

Filing Fee: \$0,000.00 - \$1,500.00 = \$30 \$1,500.01 - \$5,000.00 = \$50 \$5,000.01 - \$12,500.00 = \$75 If you have filed more than 12 cases = \$100

Case Number:			

Name: Jane Doe	Phone:		
Street address: 123 Main St	Los Angeles	CA	90012
Street	City	State	Zip
Mailing address (if different):	<del></del>		
Street	City	State	Zip
Email address (if available):			
If more than one plaintiff, list next plai	intiff here:		
Name:	Phone:		
Street address:			
Street	City	State	Zip
Mailing address (if different):	· · · · · · · · · · · · · · · · · · ·		
Street	City	State	Zip
Email address (if available):			
Code sections 23000 et seq.			
The defendant (the person, business,	or public entity being sued	) is:	
Name: Registrar of the Contractor's State License Bo	pard A Public Entity DI		
Traffic. Regional of the Contractor of Class Licentee Br	Phone:		
	pard, A Public Entity Phone: Sacramento	CA	95827
Street address: 9821 Business Park Dr  Street			95827 Zip
Street address: 9821 Business Park Dr Street	Sacramento City	CA	
Street address: 9821 Business Park Dr	Sacramento City	CA	
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# **SC-100A**

# Other Plaintiffs or Defendants

Case Number:	

	✓ This form is attached to form SC-100, i				
1)	If more than two plaintiffs (person			-	<del></del>
	Other plaintiff's name:				
	Street address:				Phone:
	Mailing address (if different):				
	City:	State: _		Zip:	
	Is this plaintiff doing business under a ficti				
	Other plaintiff's name:				
	Street address:				Phone:
	City:	State: _		Zip:	
	Mailing address (if different):				
	City:	State: _		Zip:	
	Is this plaintiff doing business under a ficti				
	☐ Check here if more than 4 plaintiffs an	d fill out an	d attach a	nother fo	rm SC-100A.
<b>2</b> )	If more than one defendant (pers	on, busin	ess, or	entity b	eing sued), list their information
	below:				-
	Other defendant's name: Molasses Rem	nodel Corp	oration, A	Corpor	ation
	Street address: 456 Rooftop Rd				Phone:
	City: Los Angeles	State: _			0013
	Mailing address (if different):				
		State: _		Zip:	
	If this defendant is a corporation, limited l	iability com	pany, or p	ublic ent	ity, list the person or agent authorized for
	Name: Logal Zoom, Inc.		Ioh title	if know	n. Agent for Service of Process
	Name: Legal Zoom, Inc		_ 100 11116	, II KIIOW	II. Agent for dervice of 1 rocess
	Address: 101 N Brand Blvd., 11th Flor City: Glendale		O 4	Zin: 0	1202
	Check here if your case is against mor				
3	Is your claim for more than \$2,50				ou una unaen anomer form SC 10071.
٥	If yes, I have not filed, and understand that				nall claims cases for more than \$2 500 in
	California during this calendar year.	i i cumoi ju	e, more in	idir tivo si	nan eranns eases for more man \$2,500 m
4	I understand that by filing a claim	n in small	claims	court, I	have no right to appeal this
	claim.				
dec	lare under penalty of perjury under Californ	nia state law	that the ir	nformatio	n above and on any attachments to this
	is true and correct.				
Date	: 05/14/2024				
Гугос	Jane Doe e or print your name	-			Jane Doe Sign your name
• •	•				sign your name
Date	:				
Гуре	or print your name	-			Sign your name
7 I	1 7				0

Judicial Council of California, www.courts.ca.gov Revised January 1, 2017, Mandatory Form Code of Civil Procedure, § 116.110 et seq.

Other Plaintiffs or Defendants (Attachment to Plaintiff's Claim and ORDER to Go to Small Claims Court) **SC-100A**, Page  $\_$  of  $\_$ 

Page 25

\*Include both the Registrar and Contractor on the Claim.

# Naming the Registrar as a Defendant

If the Contractor State License Board (CSLB) website says the Registrar holds a cash deposit in lieu of the license bond, you must name the Registrar as the defendant in your Small Claims lawsuit in order to be paid. As of January 2024, this amount can be up to \$12,500.00.

#### How to name the Registrar on the SC-100 Plaintiff's Claim

Registrar of The Contractor State Licensing Board, A Public Entity 9821 Business Park Drive Sacramento. CA 95827

#### Serve as follows:

Name: Registrar Job Title: Agent for Service Address: 9821 Business Park Dr., Sacramento, CA 95827

The CSLB can only make payments from a cash deposit under a court order. If the plaintiff has only named the contractor as a defendant, not the registrar also, then the plaintiff has two options:

• Complete a form SC-105 Request for Court Order and Answer to request that the judge add the registrar as a dependent/debtor on the judgement.

OR

 Open a new case listing the registrar as a dependent and ask the court to consolidate the judgement with the first judgement.

If the registrar was not named, let the judgment be answered and then finally claim with the registrar and provide a copy of the judgment.

California Code of Civil Procedure § 116.221

Plaintiff (list names):

Filing Fee: \$0,000.00 - \$1,500.00 = \$30 \$1,500.01 - \$5,000.00 \$50 \$5,000.01 - \$12,500.00 = \$75

- Attach CIV-010	
Case Number:	

City  City  Phone:	State State	Zip
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:		Zip
Phone:		
City	State	Zip
•		Zip
		) under Financia
entity being sued)	is:	
Phone:		
City	State	Zip
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: Job title, if known:	nte Zip 100A.	
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Job title, if known:  City Step ont and attach form SC-d write defendant's nam  (Exploit this form. Use form	nte Zip 100A. e here: ain below o	and on next page
	C-100A. ss under a fictitious nam leposit originator" (paye entity being sued) Phone: Los Angeles City	City  State  C-100A. ss under a fictitious name and attalleposit originator" (payday lender) entity being sued) is:  Phone:  Los Angeles City State

Plaintiff (list names):

Filing Fee: \$0,000.00 - \$1,500.00 = \$30 \$1,500.01 - \$5,000.00 = \$50 \$5,000.01 - \$12,500.00 = \$75 If you have filed more than 12 cases = \$100

-Plaintiff must be Executor of the Estate
would need to have Letters of Administration

Case Number:
oudo Humbon.

Street address:	123 Main St	Los Angeles	CA	90012
	Street	City	State	Zip
Mailing addres	s (if different):	<u> </u>		
	Street	City	State	Zip
If more than	n one plaintiff, list next pla	intiff here:		
Name:		Phone:		
Street address:				
	Street	City	State	Zip
Mailing addres	s (if different):		04-4	
Descrit a dames	Street	City	State	Zip
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The defenda	ant (the person, business,	or public entity being sue	•	
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# FW-001

# **Request to Waive Court Fees**

Clerk stamps date here when form is filed.

If you are getting public benefits, are a low-income person, or do not have enough income to pay for your household's basic needs and your court fees, you may use this form to ask the court to waive your court fees. The court may order you to answer questions about your finances. If the court waives the fees, you may still have to pay later if:

Fill in court name and street address:

# • You cannot give the court proof of your eligibility,

#### Superior Court of California, County of

CONFIDENTIAL

• Your financial situation improves during this case, or

Fill in Court name and address Example:

• You settle your civil case for \$10,000 or more. The trial court that waives your fees will have a lien on any such settlement in the amount of the waived fees and costs. The court may also charge you any collection costs.

Example:
Superior Court of California,
County of Los Angeles
Stanley Mosk Courthouse
111 N Hill St
Los Angeles, CA 90012

1)	Your Information (person asking the court to waive the fees):
_	Name: Joev Jonez

Fill in case number and name:

1 (001110)				
Street or mailing address:	855 Bird Lane			
City: Los Angeles		State: CA	Zip:	90012
Phone			_	

Case Number:
--------------

Your Job, if you have one (job title): Unemployed

Fill in your Case Number

Name of employer: \_

Case Name:

Employer's address:

Fill in your Case Name

- **Your Lawyer,** if you have one (name, firm or affiliation, address, phone number, and State Bar number):
  - a. The lawyer has agreed to advance all or a portion of your fees or costs (check one): Yes \( \subseteq \) No \( \subseteq \)
  - b. (If yes, your lawyer must sign here) Lawyer's signature:

    If your lawyer is not providing legal-aid type services based on your low income, you may have to go to a hearing to explain why you are asking the court to waive the fees.
- 4) What court's fees or costs are you asking to be waived?
  - ✓ Superior Court (See *Information Sheet on Waiver of Superior Court Fees and Costs* (form FW-001-INFO).)

    Supreme Court, Court of Appeal, or Appellate Division of Superior Court (See *Information Sheet on Waiver* 
    - of Appellate Court Fees (form APP-015/FW-015-INFO).)
- (5) Why are you asking the court to waive your court fees?
  - a. I receive (check all that apply; see form FW-001-INFO for definitions):
    - ✓ Food Stamps ☐ Supp. Sec. Inc. ☐ SSP ✓ Medi-Cal ☐ County Relief/Gen. Assist. ☐ IHSS
    - ☐ CalWORKS or Tribal TANF ☐ CAPI ☐ WIC ☐ Unemployment
  - b. My gross monthly household income (before deductions for taxes) is less than the amount listed below. (If you check 5b, you must fill out 7, 8, and 9 on page 2 of this form.)

Family Size	Family Income	Family Size	Family Income	Family Size	Family Income	If more than 6 people
1	\$2,430.00	3	\$4,143.34	5	\$5,856.67	at home, add \$856.67
2	\$3,286.67	4	\$5,000.00	6	\$6,713.34	for each extra person.

c. I do not have enough income to pay for my household's basic needs *and* the court fees. I ask the court to:

(check one and you <u>must</u> fill out page 2):

☐ waive all court fees and costs ☐ waive some of the court fees ☐ let me make payments over time

6 Check here if you asked the court to waive your court fees for this case in the last six months. (If your previous request is reasonably available, please attach it to this form and check here):

I declare under penalty of perjury under the laws of the State of California that the information I have provided on this form and all attachments is true and correct.

Date: <u>04/20/2023</u> Joey Jonez

Joey Jonez

Print your name here

Sign here

# FW-001

# **Request to Waive Court Fees**

If you are getting public benefits, are a low-income person, or do not have enough income to pay for your household's basic needs and your court fees, you may use this form to ask the court to waive your court fees. The court may order you to answer questions about your finances. If the court waives the fees, you may still have to pay later if:

- You cannot give the court proof of your eligibility,
- Your financial situation improves during this case, or
- You settle your civil case for \$10,000 or more. The trial court that waives your fees will have a lien on any such settlement in the amount of the waived fees and costs. The court may also charge you any collection costs.

(1)	<b>Your Information</b> (person asking the court to waive the fees):						
	Name: Joey Jones						
	Street or mailing address:	855 Bird Lane					
	City: Los Angeles		State: CA	Zip: 90012			
	Phone:						
(2)	Your Joh if you have one (inh title): Retail Clerk						

**Your Job**, if you have one *(job title)*: Retail Clerk
Name of employer: George's Suit Shop

Employer's address: 15489 Rowley St., Los Angeles, CA 90027

#### CONFIDENTIAL

Clerk stamps date here when form is filed.

Fill in court name and street address:

#### Superior Court of California, County of Fill Court name and address Example:

Superior Court of California, County of Los Angeles Stanley Mosk Courthouse 111 N Hill St Los Angeles, CA 90012

Fill in case number and name:

Case Number:
Fill in your Case Number
Case Name:
Fill in your Case Name

**Your Lawyer,** if you have one (name, firm or affiliation, address, phone number, and State Bar number):

a.	The lawyer has agreed to advance all or a portion of your fees or costs <i>(check one)</i> : Yes \( \square \) No \( \square \)
b.	(If yes, your lawyer must sign here) Lawyer's signature:
	If your lawyer is not providing legal-aid type services based on your low income, you may have to go to a
	hearing to explain why you are asking the court to waive the fees.

- 4) What court's fees or costs are you asking to be waived?
  - ✓ Superior Court (See *Information Sheet on Waiver of Superior Court Fees and Costs* (form FW-001-INFO).)
     ☐ Supreme Court, Court of Appeal, or Appellate Division of Superior Court (See *Information Sheet on Waiver of Appellate Court Fees* (form APP-015/FW-015-INFO).)
- 5) Why are you asking the court to waive your court fees?
  - a. ☐ I receive (check all that apply; see form FW-001-INFO for definitions):
    ☐ Food Stamps ☐ Supp. Sec. Inc. ☐ SSP ☐ Medi-Cal ☐ County Relief/Gen. Assist. ☐ IHSS
    - ☐ CalWORKS or Tribal TANF ☐ CAPI ☐ WIC ☐ Unemployment
  - b. My gross monthly household income (before deductions for taxes) is less than the amount listed below. (If you check 5b, you must fill out 7, 8, and 9 on page 2 of this form.)

Family Size	Family Income	Family Size	Family Income	Family Size		If more than 6 people
1	\$2,430.00	3	\$4,143.34	5	\$5,856.67	at home, add \$856.67
2	\$3,286.67	4	\$5,000.00	6	\$6,713.34	for each extra person.

c. I do not have enough income to pay for my household's basic needs *and* the court fees. I ask the court to: (check one and you <u>must</u> fill out page 2):

□ waive all court fees and costs □ waive some of the court fees □ let me make payments over time □ Check here if you asked the court to waive your court fees for this case in the last six months.

(If your previous request is reasonably available, please attach it to this form and check here):  $\Box$ 

I declare under penalty of perjury under the laws of the State of California that the information I have provided on this form and all attachments is true and correct.

Date: 04/20/2023 Joey Jones

Joey Jones

Print your name here

Sign here

Your name:				Case Numb	er:	
If you checked 5a on page 1, do not fill If you checked 5c, you <b>must</b> fill out this						
sheet of paper and write Financial Info						
Check here if your income changes a lot from the past 12 months.  Your Gross Monthly Income  a. List the source and amount of any income you including: wages or other income from work spousal/child support, retirement, social sect unemployment, military basic allowance for eveterans payments, dividends, interest, trust net business or rental income, reimbursement expenses, gambling or lottery winnings, etc.  (1) Wages  (2)  (3)  (4)  b. Your total monthly income:	ou get each month, before deductions, urity, disability, quarters (BAQ), income, annuities, nt for job-related  \$ 1,700	a. b.	Cash All finance (1) (2) (3) Cars, book Make (1) (2) (3) Real esta	ats, and other vehic e / Year	cles Fair Market Value \$  Fair Market Value	\$
Household Income  a. List the income of all other persons living in y depend in whole or in part on you for support depend in whole or in part for support.  Name (1) Steven Jones (2) (3) (4)  b. Total monthly income of persons above:  Total monthly income and household income (8b plus 9b):	Gross Monthly Income \$ \$ \$ \$ \$ \$ \$ \$ \$	b. c. d. e. f. g. h. i. j. k.	Descriptions of the control of the c	nds, etc.): cribe  hly Deductions ayroll deductions and land dental expense (life, health, accide hild care pousal support (anot teation, gas, auto rent payments (list ease)	and Expenses  and the monthly amou  \$_ \$_ \$_ \$_ s_ anintenance es  es lent, etc.)  ther marriage) pair and insurance each below):	Still Owe \$ \$  unt below:  \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$
To list any other facts you want the court to know, such as unusual medical expenses, etc., attach form MC-025 or attach a sheet of paper and write Financial Information and your name and case number at the top.  Check here if you attach another page.			Wages/ea Any other Paid to (1)	arnings withheld by monthly expenses	s (list each below).	\$
Important! If your financial situation or abic court fees improves, you must notify the codays on form FW-010.		Total m			1a –11n above):	\$ \$

Rev. April 1, 2023

**Request to Waive Court Fees** 

**FW-001**, Page 2 of 2 Page 31

# FW-001

# **Request to Waive Court Fees**

If you are getting public benefits, are a low-income person, or do not have enough income to pay for your household's basic needs and your court fees, you may use this form to ask the court to waive your court fees. The court may order you to answer questions about your finances. If the court waives the fees, you may still have to pay later if:

- You cannot give the court proof of your eligibility,
- Your financial situation improves during this case, or
- You settle your civil case for \$10,000 or more. The trial court that waives your fees will have a lien on any such settlement in the amount of the waived fees and costs. The court may also charge you any collection costs.

(1)	<b>Your Information</b> (person asking the court to waive the fees):							
$\bigcirc$	Name:	Joey Jones						
	Street o	r mailing address:	855 Bird Lane					
	City: L	os Angeles		State: CA	Zip: 90012			
	Phone:				_			
	V	1 :6 1	(1 11 ) =					

Your Job, if you have one *(job title)*: Retail Clerk
Name of employer: George's Suit Shop

Employer's address: 15489 Rowley St., Los Angeles, CA 90027

## CONFIDENTIAL

Clerk stamps date here when form is filed.

Fill in court name and street address:

#### Superior Court of California, County of

Fill in Court name and address Example:

Superior Court of California, County of Los Angeles Stanley Mosk Courthouse

111 N Hill St Los Angeles, CA 90012

Fill in case number and name:

#### Case Number:

Fill in your Case Number

#### Case Name:

Fill in your Case Name

- **Your Lawyer,** if you have one (name, firm or affiliation, address, phone number, and State Bar number):
  - a. The lawyer has agreed to advance all or a portion of your fees or costs (check one): Yes \( \subseteq \) No \( \subseteq \)
  - b. (If yes, your lawyer must sign here) Lawyer's signature:

    If your lawyer is not providing legal-aid type services based on your low income, you may have to go to a hearing to explain why you are asking the court to waive the fees.
- 4) What court's fees or costs are you asking to be waived?
  - ✓ Superior Court (See *Information Sheet on Waiver of Superior Court Fees and Costs* (form FW-001-INFO).)

    Supreme Court, Court of Appeal, or Appellate Division of Superior Court (See *Information Sheet on Waiver*)
    - of Appellate Court Fees (form APP-015/FW-015-INFO).)
- (5) Why are you asking the court to waive your court fees?
  - a.  $\square$  I receive (check all that apply; see form FW-001-INFO for definitions):
  - ☐ Food Stamps ☐ Supp. Sec. Inc. ☐ SSP ☐ Medi-Cal ☐ County Relief/Gen. Assist. ☐ IHSS ☐ CalWORKS or Tribal TANF ☐ CAPI ☐ WIC ☐ Unemployment
  - b. My gross monthly household income (before deductions for taxes) is less than the amount listed below. (If you check 5b, you must fill out 7, 8, and 9 on page 2 of this form.)

Family	Size	Family Income	Family Size	Family Income	Family Size		If more than 6 people
1		\$2,430.00	3	\$4,143.34	5	\$5,856.67	at home, add \$856.67
2		\$3,286.67	4	\$5,000.00	6	\$6,713.34	for each extra person.

- c. I do not have enough income to pay for my household's basic needs *and* the court fees. I ask the court to: (check one and you <u>must</u> fill out page 2):
- waive all court fees and costs waive some of the court fees let me make payments over time
- Check here if you asked the court to waive your court fees for this case in the last six months. (If your previous request is reasonably available, please attach it to this form and check here):

I declare under penalty of perjury under the laws of the State of California that the information I have provided on this form and all attachments is true and correct.

Date: <u>04/20/2023</u> Joey Jones

Joey Jones

Print your name here

				Case Number	1	
Your name:						
If you checked 5a on page 1, do not fill If you checked 5c, you <b>must</b> fill out thi	•			-		•
sheet of paper and write Financial Info	rmation and you	r name a	and	case number at the	top.	
(7) Check here if your income changes a lot fr				Money and Property		
If it does, complete the form based on your the past 12 months.	average income for		Ca			\$_40
		b.		financial accounts (List ban		
(8) Your Gross Monthly Income			. ,			\$ <u>50</u>
a. List the source and amount of <b>any</b> income y including: wages or other income from work			(2)			\$
spousal/child support, retirement, social sec			(3)	 rs, boats, and other vehicle		\$
unemployment, military basic allowance for	quarters (BAQ),	C.	Ca			How Much You
veterans payments, dividends, interest, trust net business or rental income, reimburseme			(4)	Make / Year	Value	Still Owe
expenses, gambling or lottery winnings, etc.			(1)	Toyota/2000	\$ 2,200 \$	\$ <u>1,200</u> \$
(1) Wages	<b>\$</b> 1,700		(3)		Ψ \$	\$
(2)	\$	d	. ,	al estate	Eair Market	— * How Much You
(3)	\$	٠		Address	Value	Still Owe
(4)	\$		(1)	None	\$	\$
b. Your total monthly income:	\$ <u>1,700</u>		(2)		\$	\$
9 Household Income		e.	Othe	er personal property (jewelr	v, furniture, furs,	
<ul><li>Household Income</li><li>a. List the income of all other persons living in</li></ul>	your home who			ks, bonds, etc.):	Fair Market	How Much You
depend in whole or in part on you for suppor				Describe	Value	Still Owe
depend in whole or in part for support.			(1)	None	\$	\$
Name Age Relationship	Gross Monthly Income		(2)		\$	\$
(1) Steven Jones 5 Son	\$ <u>0</u>	(11) Y	our l	Monthly Deductions an	d Expenses	
(2)	\$	( /		any payroll deductions and	=	unt below.
(3)	\$			Federal Income Tax	•	300
(4)				State Income Tax		100
b. Total monthly income of persons above:	\$ <u>0</u>		(3)	Social Security	\$_	75
Total monthly income and						
household income (8b plus 9b):	\$ <u>1,700</u>			nt or house payment & mair	tenance	\$ 1,00
				od and household supplies		\$ 300 \$ 65
				ities and telephone thing		\$ 50
		f.		indry and cleaning		\$ 50
		g.		dical and dental expenses		\$ 200
		h.	Insi	urance (life, health, acciden		\$ 50
		i.		nool, child care		\$ <u>100</u>
		j.		ld, spousal support (anothe	• ,	\$ 0
		K.		nsportation, gas, auto repai tallment payments <i>(list each</i>		\$ <u>250</u>
		I.		Paid to:	Delow).	
			(1)			\$
			(2)	-		\$
	1		(3)			\$
To list any other facts you want the court to k unusual medical expenses, etc., attach form M		m	. Wa	ges/earnings withheld by co	ourt order	\$
attach a sheet of paper and write Financial Int			Any	other monthly expenses (In Paid to:		How Much?
your name and case number at the top.	.1			aid to.		\$
Check here if you attach a	notner page.					\$
Important! If your financial situation or ab	ility to pay		(3)			\$ \$
court fees improves, you must notify the co		Tatal				
days on form FW-010.		ı otal m	iont	hly expenses (add 11a	– i iri apove):	Φ

Rev. April 1, 2023

**Request to Waive Court Fees** 

FW-001, Page 2 of 2 Page 33

Clear this form

\$0,000.00 - \$1,500.00 = \$30

Defendant (*list names*): \$1,500.01 - \$5,000.00 = \$50

\$5,000.01 - \$12,500.00 = \$75

If have filed more than 12 cases = \$100

- Should look similar to SC-100 Plaintiff's Claim and ORDER to Go to Small Claims Court except Q#3

Case Number:

Fill in your Case Number

Name: Dana Pratt		t) is: Phone:	
	Los Angeles	CA	90012
Street	City	State	Zip
Mailing address (if different):			
Street	City	St	ate Zip
If more than one Plaintiff, list next Plaint		Dhana	
Name:Street address:		Phone: _	
Street address.  Street	City	 State	
Mailing address (if different):	•	State	ΣΙΡ
Street	City	St	ate Zip
☐ Check here if more than 2 Plaintiffs and attach	· ·		p
☐ Check here if any Plaintiff is on active military		here:	
The Defendant (the person, business, or			
Name of Di			
		Phone: _	
	Los Angeles	<u>CA</u>	90012
Street Mailing addrage (C. 1:00 a. 1)	City	State	Zip
Mailing address (if different):			-4- 7:-
Street	City	30	ate Zip
If more than one Defendant list next Defend	dant horo:		
If more than one Defendant, list next Defendant, Name: Stephanie Pierce		Phone:	
Name: Stephanie Pierce		Phone: _	00042
Name: Stephanie Pierce Street address: 987 W Temple St	Los Angeles	CA	90012
Name: Stephanie Pierce Street address: 987 W Temple St Street		_	90012 Zip
Name: Stephanie Pierce  Street address: 987 W Temple St Street  Mailing address (if different):	Los Angeles City	CA State	Zip
Name: Stephanie Pierce  Street address: 987 W Temple St Street  Mailing address (if different): Street	Los Angeles City	CA State	"
Name: Stephanie Pierce  Street address: 987 W Temple St Street  Mailing address (if different): Street  Check here if more than 2 Defendants and attack	Los Angeles City  City  ch Form SC-120A.	CA State	Zip ate Zip
Name: Stephanie Pierce  Street address: 987 W Temple St Street  Mailing address (if different): Street	Los Angeles City  City  ch Form SC-120A.	CA State	Zip ate Zip
Name: Stephanie Pierce  Street address: 987 W Temple St Street  Mailing address (if different): Street  Check here if more than 2 Defendants and attack Check here if either Defendant listed above is discrete.	Los Angeles City  City  ch Form SC-120A. doing business under a fictitious	CA State State	Zip ate Zip
Name: Stephanie Pierce  Street address: 987 W Temple St Street  Mailing address (if different): Street  Check here if more than 2 Defendants and attack Check here if either Defendant listed above is discovered SC-103.  The Defendant claims the Plaintiff owes \$	City  City  ch Form SC-120A.  doing business under a fictitious  7,500  (Expe	CA State State name. If so,	Zip ate Zip attach Form
Name: Stephanie Pierce  Street address: 987 W Temple St Street  Mailing address (if different): Street  Check here if more than 2 Defendants and attack Check here if either Defendant listed above is discontinuous SC-103.  The Defendant claims the Plaintiff owes \$_a. Why does the Plaintiff owe the Defendant mone	City  City  City  Ch Form SC-120A.  doing business under a fictitious of the company of the comp	CA State State name. If so,	Zip ate Zip attach Form
Name: Stephanie Pierce  Street address: 987 W Temple St Street  Mailing address (if different): Street  Check here if more than 2 Defendants and attack Check here if either Defendant listed above is discontinuous SC-103.  The Defendant claims the Plaintiff owes \$_a. Why does the Plaintiff owe the Defendant mone itemized list of deductions within 21 days at the street address:	City  City  City  Ch Form SC-120A.  doing business under a fictitious of the company of the comp	CA State State name. If so,	Zip ate Zip attach Form
Name: Stephanie Pierce  Street address: 987 W Temple St Street  Mailing address (if different): Street  Check here if more than 2 Defendants and attack Check here if either Defendant listed above is discontinuous SC-103.  The Defendant claims the Plaintiff owes \$_a. Why does the Plaintiff owe the Defendant mone itemized list of deductions within 21 days at b. When did this happen? (Date): 03/24/2024	City  City  City  Ch Form SC-120A.  doing business under a fictitious  7,500  (Exploy? He did not return my secutive I moved out	CA State  State  name. If so, lain below): urity depos	Zip ate Zip attach Form
Name: Stephanie Pierce  Street address: 987 W Temple St Street  Mailing address (if different): Street  Check here if more than 2 Defendants and attack Check here if either Defendant listed above is discontinuous SC-103.  The Defendant claims the Plaintiff owes \$_a. Why does the Plaintiff owe the Defendant mone itemized list of deductions within 21 days at the street address:	City  City  City  Ch Form SC-120A.  doing business under a fictitious  7,500  (Exploy? He did not return my secutive I moved out	CA State State name. If so,	Zip ate Zip attach Form
Name: Stephanie Pierce  Street address: 987 W Temple St Street  Mailing address (if different): Street  Check here if more than 2 Defendants and attack Check here if either Defendant listed above is discontinuous SC-103.  The Defendant claims the Plaintiff owes \$_a. Why does the Plaintiff owe the Defendant mone itemized list of deductions within 21 days at b. When did this happen? (Date): 03/24/2024	City  City  City  Ch Form SC-120A.  doing business under a fictitious  7,500  (Expense)? He did not return my securitier I moved out  tarted: The Count costs or fee	CA State  State  State  State  name. If so, lain below): urity depose  rough: ees for serve	zip ate Zip attach Form sit or give me an
Name: Stephanie Pierce  Street address: 987 W Temple St  Street  Mailing address (if different):  Street  Check here if more than 2 Defendants and attack  Check here if either Defendant listed above is de SC-103.  The Defendant claims the Plaintiff owes \$_a. Why does the Plaintiff owe the Defendant mone itemized list of deductions within 21 days at the specific date, give the time period: Date stop. How did you calculate the money owed to you?	City  City  City  Ch Form SC-120A.  It doing business under a fictitious of the second	CA State  State  State  State  State  State  Aname. If so,  lain below):  urity depose  rough:  ces for service  cordance	zip  ate Zip  attach Form  sit or give me an  ice.) with Civil Code 19

Defendant signs here Defendant types or prints name here Stephanie Pierce Date: 05/20/2024 Stephanie Pierce Second Defendant types or prints name here Second Defendant signs here



#### Requests for Accommodations

Assistive listening systems, computer-assisted, real-time captioning, or sign language interpreter services are available if you ask at least five days before the trial. Contact the clerk's office or go to www.courtinfo.ca.gov/forms for Request for Accommodations by Persons With Disabilities and Response (form MC-410). (Civil Code, § 54.8.)



### Need help?

Your county's Small Claims Advisor can help for free.

Or go to "County-Specific Court Information" at: www.courtinfo.ca.gov/selfhelp/smallclaims

Revised January 1, 2011

Defendant's Claim and ORDER to Go to **Small Claims Court** (Small Claims)

SC-120, Page 3 of 3

Page 35

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

**Print this form** 

Save this form

Clear this form

Case Number:		

Name: Larry I	Landlord	Phone:		
Street address:	450 E Temple St	Los Angeles	CA	90012
	Street	City	State	Zip
Mailing addres	ss (if different): <mark>7575 Balboa St</mark>	Venice	CA	90291
	Street	City	State	Zip
Email address	(if available): Llandlord@gmail.com			
If more than	one plaintiff, list next plaintiff h	ere:		
	, р			
Street address:				
Shoot address.	Street	City	State	
Mailing address	es (if different):			-
maining addices				
Mannig addres	Street	City	State	Zip
Email address  Check here Check here		City n <u>SC-500A</u> .		
Email address  Check here Check here	Street (if available): the if more than two plaintiffs and attach form the if either plaintiff listed above is doing bus  ant (the person being sued) is:	City n <u>SC-500A</u> . riness under a fictitious name	e and atta	ch form <u>SC-1</u> 0
Email address  Check here Check here The defendation	Street (if available):  if if more than two plaintiffs and attach form if either plaintiff listed above is doing bus ant (the person being sued) is:  ny Tenant  450 F Temple St	City  n <u>SC-5004</u> .  riness under a fictitious name Phone:	e and atta	ch form <u>SC-1</u>
Email address  Check here Check here The defendation	Street (if available):  if if more than two plaintiffs and attach form if either plaintiff listed above is doing bus ant (the person being sued) is:	City  n <u>SC-5004</u> .  riness under a fictitious name Phone:	e and atta	ch form <u>SC-1</u>
Email address  Check here Check here The defendation Name: Tomm Street address:	Street (if available):  if if more than two plaintiffs and attach form if either plaintiff listed above is doing bus  ant (the person being sued) is:  ny Tenant  450 E Temple St	City  n <u>SC-500A.</u> riness under a fictitious name Phone: Los Angeles	e and atta	ch form <u>SC-10</u> 90012
Email address  Check here Check here The defendation Name: Tomm Street address:	Street  (if available):  e if more than two plaintiffs and attach form e if either plaintiff listed above is doing bus  ant (the person being sued) is:  ny Tenant  450 E Temple St  Street	City  n <u>SC-500A.</u> riness under a fictitious name Phone: Los Angeles	e and atta	ch form <u>SC-10</u> 90012
Email address  Check here Check here The defendation Name: Tomn Street address: Mailing address	Street  (if available):  e if more than two plaintiffs and attach form e if either plaintiff listed above is doing bus  ant (the person being sued) is:  ny Tenant  450 E Temple St  Street  ss (if different):	City  n SC-500A.  riness under a fictitious name  Phone:  Los Angeles  City  City	c and atta	90012 Zip
Email address  Check here Check here The defendation Name: Tomn Street address: Mailing address	Street  (if available):  it if more than two plaintiffs and attach form it if either plaintiff listed above is doing bus  ant (the person being sued) is:  ny Tenant  450 E Temple St  Street  is (if different):  Street  n one defendant, list next defendant	City  n SC-500A.  riness under a fictitious name  Phone:  Los Angeles  City  City	CA State State	90012 Zip
Email address  Check here Check here The defenda Name: Tomn Street address: Mailing addres  If more than Name: Tawn	Street  (if available):  it if more than two plaintiffs and attach form it if either plaintiff listed above is doing bus  ant (the person being sued) is:  ny Tenant  450 E Temple St  Street  is (if different):  Street  n one defendant, list next defendant	City  In SC-500A.  In iness under a fictitious name  Phone:  Los Angeles  City  City  City  Ant here:	CA State State	ch form SC-10  90012  Zip  Zip
Email address  Check here Check here The defenda Name: Tomn Street address: Mailing addres  If more than Name: Tawn	Street  (if available):  if if more than two plaintiffs and attach form if either plaintiff listed above is doing bus  ant (the person being sued) is:  ny Tenant  450 E Temple St  Street  is (if different):  Street  n one defendant, list next defendant y Tenant	City  In SC-500A.  In iness under a fictitious name  Phone:  Los Angeles  City  City  ant here:  Phone:	CA State State	ch form SC-10  90012  Zip  Zip
Email address  Check here Check here Check here The defenda Name: Tomn Street address:  Mailing addres  If more than Name: Tawn Street address:	Street  (if available):  it if more than two plaintiffs and attach form it if either plaintiff listed above is doing bus  ant (the person being sued) is:  ny Tenant  450 E Temple St  Street  is (if different):  Street  n one defendant, list next defendant y Tenant  450 E Temple St	City  In SC-500A.  In iness under a fictitious name  Phone:  Los Angeles  City  City  Ant here:  Phone:  Los Angeles	CA State  CA	90012 Zip 2ip 90012

untiff (list names):	Case Number:
The plaintiff claims the defendant owes \$\frac{19,000.00}{(unpaid rent or other financial obligations of a tenant that came September 30, 2021). (Code Civ. Proc., \§ 1179.02.) (Explain amo	
a. Rent. List all rent you claim defendant owes that came due in the 2021. For each month you claim rent is due, include each amount March 1st 2020 \$1,000, April 1st 2020 \$1,000, May 1st 2020 \$1,000, June 1st 2 September 1st 2020 \$1,000, October 1st 2020 \$1,000, November 1st, 2020 \$1, February 1st 2021 \$1,000, March 1st 2021 \$1,000, April 1st 2020 \$1,000, May 1st 2021 \$1,000, September 1st 2021 \$1,000	nt due and the date it came due. 2020 \$1,000, July 1st 2020 \$1,000, August 1st 2020 \$1,000, ,000, December 1st 2020 \$1,000, January 1st 2021 \$1,000,
b. Other amounts of COVID-19 rental debt. List all unpaid finar agreement (other than rent) that you claim defendant owes and the each month you claim other financial obligations are due, included was for (for example, parking fees or utilities included as part of None	hat came due during the period in (a) above. For le each amount, the date it came due, and what it
<ul> <li>☐ Check here if you need more space. Attach one sheet of paper or the top.</li> <li>☐ Amounts paid or offsets.</li> <li>List any amounts you received from defendant, rental assistance progalready credited, and any other amounts you have offset or credited,</li> </ul>	grams, and other third parties that you have
between March 1, 2020, and September 30, 2021, that you are not clewhen it was paid or credited, and what it was for.  May 15, 2021 \$3,000 Rental Assistance Program (RAP)	2
☐ Check here if you need more space. Attach one sheet of paper or the top.	form <u>MC-031</u> , and write "SC-500, Item 4" at
You must ask the defendant (in person, in writing, or sue. Have you done this?  ✓ Yes ☐ No If no, explain why not:	by phone) to pay you before you

Plaintiff (list names):	Case Number:
6 Why are you filing your claim at this courthouse? This courthouse covers the area (check one that applies):	I
a. Where the defendant lives or does business.	
<ul> <li>b. Where the rental agreement, lease, or contract (written or sp by the defendant <i>or</i> where the defendant lived or did busines</li> <li>c.  Other (specify):</li> </ul>	· · · · · · · · · · · · · · · · · · ·
7 List the zip code of the place checked in 6 above (if	you know it): 90012
B Have you filed more than 12 other small claims withi  ☐ Yes ✓ No If yes, the filing fee for this case will be higher	
9 Plaintiff must make a good-faith effort to help defend filing this case. Check all that apply below. You must efforts or, if you do not have documentation, describ Plaintiff made a good-faith effort to help defendant obtain rental ass Code of Civil Procedure section 871.10(a), by:	t also attach documentation of those per your effort below.
a.   Investigating whether governmental rental assistance is avai	lable to the tenant;
b. $\square$ Seeking governmental rental assistance for the tenant; or	
<ul> <li>Cooperating with the tenant's efforts to obtain rental assista third party.</li> </ul>	nce from any governmental entity or other
Check here if documentation is attached. If not attached, described lassisted tenant in applying for government sponsored rental assistance and Covid related back rent that the tenant owes	
I understand that the court cannot issue a judgme assistance for the amounts I am claiming from de     a. I have not received rental assistance or other financial compensation of the amount claimed in item 3 above; and	fendant. (Both statements must be true.)
b. I do not have any application pending for rental assistance or oth source corresponding to any of the amount claimed in item 3 about 100 miles.	-
11) I understand that by filing a claim in small claims couclaim.	urt, I have no right to appeal this
I declare under penalty of perjury under the laws of the State of California attachments to this form is true and correct.	a that the information above and on any
Date: 11/01/2021	Larry Sandlord
Plaintiff types or prints name here	_ <u>Sarry Sandlord</u> Plaintiff signs here
Date:	Second plaintiff signs here
Second plaintiff types or prints name here	Secona plaintiff signs here
Requests for Accommodations Assistive listening systems, computer-assisted real-time of services are available if you ask at least five days before a contact the clerk's office for <i>Disability Accommodation</i> 1.	the trial. For these and other accommodations,

New November 1, 2021

## **SC-500A**

# Other Plaintiffs or Defendants (COVID-19 Rental Debt)

Case Number:	1
	l
	l

	-	fs (person, busines	s, or entity suing), list the		ation bel
Street address:					
	Street		City	State	Zip
Mailing address	(if different):				
		Street	City	State	Zip
Email address (į	if available):_				
Is this plaintiff a	loing business	under a fictitious name?	☐ Yes ☐ No If yes, attach,	form <u>SC-10.</u>	<u>3</u> .
Other plaintiff's	name:		Phon	e:	
Street address:					
	Street		City	State	Zip
Mailing address	(if different):				
		Street	City	State	Zip
			☐ Yes ☐ No If yes, attach	form <u>SC-1</u>	<u>03</u> .
Check here	if more than fo	our plaintiffs and fill out a	nd attach another form <u>SC-500</u>	<u>4</u> .	
	.,	T			
f more than	two defend	ants (person being	sued), list their informati	on below	:
Other defendant			Phon		
Street address:		_	Los Angeles	CA	90012
meet address.	Street		City	State	
Mailing address			·	State	<u> </u>
viailing addiess	(ij aijjerem).	Street	City	 State	
Other defendant	's name:	<del></del>	Phon		· <b>r</b>
ander detendant	s name:		Pnon	E	
			· · · · · · · · · · · · · · · · · · ·		
			City	State	Zip
Street address:	Street				
Street address:					
Street address: Mailing address	(if different):	Street	City	State	Zip
Street address: Mailing address	(if different):		City efendants and fill out and attach		
Street address:  Mailing address  Check here	(if different): if your case is	against more than four de	efendants and fill out and attach	another for	rm <u>SC-500A</u>
Street address:  Mailing address  Check here  understand	(if different): if your case is	against more than four de		another for	rm <u>SC-500A</u>
Street address:  Mailing address  Check here  understand	(if different): if your case is	against more than four de	efendants and fill out and attach	another for	rm <u>SC-500A</u>
Street address:  Mailing address  Check here  understand claim.	(if different): if your case is that by filir	against more than four de	efendants and fill out and attach	another for	rm <u>SC-500A</u> peal this
Street address:  Mailing address  Check here  understand claim.	(if different):  if your case is  that by filir  y of perjury un	against more than four doing a claim in small c	efendants and fill out and attach	another for	rm <u>SC-500A</u> peal this
Street address:  Mailing address  Check here understand claim.  re under penalty ments to this for	(if different):  if your case is  that by filir  y of perjury un	against more than four doing a claim in small c	efendants and fill out and attach	another for	rm <u>SC-500A</u> peal this
Mailing address:  Mailing address  Check here understand claim.  re under penalty ments to this for 07/08/2024	(if different):  if your case is  that by filir  y of perjury un	against more than four doing a claim in small c	efendants and fill out and attach	another for the app	rm <u>SC-500A</u> peal this
Mailing address:  Mailing address  Check here understand claim.  The under penalty ments to this for 07/08/2024  Landlord	(if different):  if your case is  that by filir  y of perjury un  m is true and o	against more than four de ng a claim in small conder the laws of the State correct.	efendants and fill out and attach	another for the app	rm <u>SC-500A</u> peal this
Mailing address:  Mailing address  Check here understand claim.  The under penalty ments to this for 07/08/2024  Landlord	(if different):  if your case is  that by filir  y of perjury un	against more than four de ng a claim in small conder the laws of the State correct.	efendants and fill out and attach	another for the app	rm <u>SC-500A</u> peal this
Mailing address:  Mailing address  Check here understand claim.  The under penalty ments to this for 07/08/2024  Landlord	(if different):  if your case is  that by filir  y of perjury un  m is true and o	against more than four de ng a claim in small conder the laws of the State correct.	efendants and fill out and attach	another for the app	rm <u>SC-500A</u> peal this
Mailing address:  Mailing address  Check here understand claim.  The under penalty ments to this for 07/08/2024  Landlord	(if different):  if your case is  that by filir  y of perjury un  m is true and o	against more than four de ng a claim in small conder the laws of the State correct.	efendants and fill out and attach	another for the app	rm <u>SC-500A</u> peal this
Mailing address:  Mailing address  Check here  understand claim.  The under penaltyments to this for  07/08/2024  Landlord  Type or prince	(if different):  if your case is  that by filir  y of perjury un  m is true and o	against more than four de ng a claim in small conder the laws of the State correct.	efendants and fill out and attached laims court, I have no rigorous California that the information Sign	another for the app	rm <u>SC-500A</u> peal this

Judicial Council of California, www.courts.ca.gov Adopted November 1, 2021, Mandatory Form Code of Civil Procedure, § 116.223 et seq. Other Plaintiffs or Defendants (COVID-19 Rental Debt)

**SC-500A,** Page \_\_\_\_

## Authorization to Appear

This form is used to tell the court you are authorized to appear for a plaintiff or defendant in a small claims case. You may also use this form to ask the court for permission to help a plaintiff or defendant who cannot properly speak for himself or herself.

You cannot appear for a defendant or plaintiff if your only job is to represent him or her in small claims court. If you are a lawyer, you can appear only as authorized by section 116.530 of the Code of Civil Procedure.

Fill out (1) – (4) on this page, then file it with the small claims clerk at or before the trial.

List the name, address, and position of the person appearing:

Name: Dana Strauss

Address: 16942 Vanowen St., Van Nuys, CA 91406

Job title or relationship to the defendant or plaintiff you want to appear

for: Vice President

Who are you appearing for?

✓ A defendant in this case (name): \_\_ABC Business, LLC

A plaintiff in this case (name):

Clerk stamps date here when form is filed.

-Bring completed form on the date of the hearing

Fill in court name and street address:

Superior Court of California, County of

Fill in Court Name and Address

Example:

Superior Court of California

County of Los Angeles

Stanley Mosk Courthouse

111 N Hill St

Los Angeles, CA 90012

Fill in your case number and case name below:

Case Number:

Fill in your Case Number

Case Name:

Fill in your Case Name

Tell us about the defendant or plaintiff you are appearing for.

I am appearing for a (check one):

✓ Corporation and I am an employee, officer, or director of that corporation.

Partnership and I am an employee, officer, director, or partner of that partnership.

Other business (not a corporation, partnership, or sole proprietorship) and I am an employee, officer, or director of that business.

Government agency or other public entity and I am an employee, officer, or director of that agency or entity.

Sole proprietorship and I am an employee of that business. I am qualified to testify about business records made in the regular course of business at or near the time of the event. The content of the business records is the only issue in this case. (Evidence Code, § 1271).

Plaintiff who was assigned to out-of-state active duty in the U.S. armed forces for more than 6 months after filing this claim. I am not being paid to appear. I have not appeared in small claims court for other people more than 4 times in this calendar year.

Defendant or plaintiff who is in a jail, a prison, or another detention facility now. I am not being paid to appear. I have not appeared in small claims court for other people more than 4 times in this calendar year.

Owner of rental property in California who employs me as a property agent. This claim is about the rental property I manage.

Association created to manage a common interest development and I am an agent, management company representative, or bookkeeper for that association.

Husband or wife and my spouse and I are both listed on this claim and agree that either spouse can appear for the other.

**U Other** (*explain*):

I declare under penalty of perjury under California state law that the information above is true and correct.

Date: 03/29/2024

Dana Strauss

*Type or print your name* 

<u>Pana Strauss</u>
Sign your name

## **Attorney Fee Dispute** (After Arbitration)

	Case Number:
1	

<b>7</b>	This form is attached to form SC-100, item 7. It tells the court that you are suing about a disagreement for \$6,250 or less in attorney fees and that you have tried to solve the disagreement through arbitration. Read page 2 of this form before you fill out this form. It explains your rights and some small claims terms.
1	How much money is in dispute? \$ 4,250
3 4	What did the arbitrator decide? (Check one):  a. ✓ The ✓ attorney ☐ client has to pay the other party this amount: \$ 3,250  b. ☐ Neither party has to pay the other party anything.  Write the date your Notice of Award was mailed here:
<b>5</b>	Why are you filing in small claims court now? (Check what you are asking the judge to do):
3)	<ul> <li>a.</li></ul>
	<ul> <li>c.</li></ul>
6	<ul> <li>☐ Check here if you are asking for a new arbitration hearing.</li> <li>d. ☐ I want a <b>trial</b> in small claims court to decide the fee dispute. (You can check this option only if you did not agree in writing to a binding award and you file this form within 30 days after the Notice of the Award.)</li> <li>Did you (or your attorney) go to the arbitration hearing? ✓ Yes ☐ No (If no, explain below):</li> </ul>
7	Attach a copy of the Arbitration Agreement and the Notice of Award (the arbitrator's decision).  If you do not attach them, explain why here:
	Date: 03/28/2024 Thomas Williams Type or print your name  Sign your name

ATTORNEY OR PARTY WITHOUT ATTORNEY STATE BAR NUMBER:	FOR COURT USE ONLY
NAME:	
FIRM NAME: Ella Jones	-File with SC-100 Plaintiff's Claim and
STREET ADDRESS: 456 Bird Lane	ORDER to Go to Small Claims Court
	E: 90012
TELEPHONE NO.: (213) 978-4444 FAX NO.:	or
EMAIL ADDRESS:	
ATTORNEY FOR (name):	SC-120 Defendant's Claim and
SUPERIOR COURT OF CALIFORNIA, COUNTY OF LOS Angeles	ORDER to go to Small Claims Court
STREET ADDRESS: MAILING ADDRESS:  111 N Hill St	
city and zip code: Los Angeles, 90012	-Do not serve copy to other parties
BRANCH NAME: Stanley Mosk Courthouse	
PLAINTIFF/PETITIONER: Mark Jones, by and through his guardian ad lite	m Ella Jones
DEFENDANT/RESPONDENT: John Doe OTHER PARENT/PARTY:	II Liia Julies
APPLICATION FOR APPOINTMENT OF	CASE NUMBER:
GUARDIAN AD LITEM—CIVIL AND FAMILY LA  EX PARTE	W Fill in your Case Number
proceeding under the Probate Code—other than a proceeding under F compromise, settlement, or disposition of judgment proceeds—should guardian ad litem unless the person is represented by an attorney, is a (Family Code, §§ 7600–7730), is an adult relative of a minor party.	use form DE-350/GC-100. <b>NOTE:</b> A person may not act as a
1. I (applicant's name): Ella Jones	
am (check all that apply):	*A minor of 14 years old and older must petition
<ul><li>a.  the parent of (name): Mark Jones</li><li>b. the guardian of (name):</li></ul>	the court on their own behalf, the minor is the
c. the conservator of <i>(name):</i>	applicant
d. a party to the suit.	
e. the minor to be represented (if the minor is 14 years of age f. another interested person (specify capacity):	e or older).
<ol> <li>I am asking the court to appoint the following person as guardian ad</li> </ol>	litam (name address shops number and small address):
Ella Jones	mem (name, address, phone number, and email address).
456 Bird Lane	
Los Angeles, CA 90012	
PH: (213) 978-4444	
3. The guardian ad litem will represent the interest of (name, address,	and, if applicable, phone number and email address):
Mark Jones	
456 Bird Lane Los Angeles, CA 90022	
PH: (213) 979-3456	
4. The person named in item 3 is a party and is <i>(check all that apply):</i>	
a. a minor (date of birth): 11/08/2014	
b. a person who lacks legal capacity to make decisions (expl	ain the basis for claiming lack of capacity):
Continued on Attachment 4b.  c. a person for whom a conservator has been appointed (pro	vide the details of the appointment):
Continued on Attachment 4c.	Page 1 of 2

Ella Jones  (TYPE OR PRINT NAME)  DISCLOSURES AND CONSENT TO ACT AS  I have the following relationship with the person named in item 3 (check on a. No relationship b. A familial relationship (specify): Mother  c. An affiliate (nonfamilial) relationship (specify):  I am (check one):  a. I ont aware of any actual or potential conflicts of interest that would be aware of the following actual or potential conflicts that would or mean potential conflicts of interest and explain why the proposed guard conflicts of interest and explain why the proposed guard conflicts under penalty of perjury under the laws of the State of California that guardian ad litem in this action or proceeding. If I become aware that a potential conflicts and conflicts are conflicted in the state of california that guardian ad litem in this action or proceeding. If I become aware that a potential conflicts are conflicted in the state of california that guardian ad litem in this action or proceeding. If I become aware that a potential conflicts of interest and explain why the proposed guardian ad litem in this action or proceeding. If I become aware that a potential conflicts of interest and explain why the proposed guardian ad litem in this action or proceeding. If I become aware that a potential conflicts of interest and explain why the proposed guardian ad litem in this action or proceeding.	d or might arise from the appointment.  hight arise from the appointment (describe the actual or tian should still be appointed):  the foregoing is true and correct. I consent to act as al conflict of interest has become an actual conflict, or
DISCLOSURES AND CONSENT TO ACT AS  3. I have the following relationship with the person named in item 3 (check on a. No relationship b. A familial relationship (specify): Mother c. An affiliate (nonfamilial) relationship (specify):  3. I am (check one):  4. I am (check one):  5. I am (check one):  6. I am (check one):  7. I am (check one):  8. I am (check one):  9. I am (	d or might arise from the appointment.  hight arise from the appointment (describe the actual or dian should still be appointed):  the foregoing is true and correct. I consent to act as all conflict of interest has become an actual conflict, or
Ella Jones  (TYPE OR PRINT NAME)  DISCLOSURES AND CONSENT TO ACT AS  3. I have the following relationship with the person named in item 3 (check on a. No relationship b. A familial relationship (specify): Mother  c. An affiliate (nonfamilial) relationship (specify):  9. I am (check one):  a. No relationship (specify): Mother  c. An affiliate (nonfamilial) relationship (specify):  9. I am (check one):  a. No relationship (specify): Mother  c. An affiliate (nonfamilial) relationship (specify):  9. I am (check one):  a. No relationship  in the specify of interest that would or mother than the specific than t	S GUARDIAN AD LITEM  d or might arise from the appointment.  night arise from the appointment (describe the actual or dian should still be appointed):  the foregoing is true and correct. I consent to act as
Ella Jones  (TYPE OR PRINT NAME)  DISCLOSURES AND CONSENT TO ACT AS  3. I have the following relationship with the person named in item 3 (check on a. No relationship b. A familial relationship (specify): Mother  c. An affiliate (nonfamilial) relationship (specify):  9. I am (check one):  a. I ont aware of any actual or potential conflicts of interest that would be aware of the following actual or potential conflicts that would or mean potential conflicts of interest and explain why the proposed guard.  Continued on Attachment 9b.	S GUARDIAN AD LITEM  d or might arise from the appointment.  night arise from the appointment (describe the actual or dian should still be appointed):
Ella Jones  (TYPE OR PRINT NAME)  DISCLOSURES AND CONSENT TO ACT AS  3. I have the following relationship with the person named in item 3 (check on a. No relationship b. A familial relationship (specify): Mother c. An affiliate (nonfamilial) relationship (specify):  9. I am (check one):  a. No relationship (specify): Mother c. I am (check one):  a. and affiliate (nonfamilial) relationship (specify):  9. I am (check one):  a. and aware of any actual or potential conflicts of interest that would be aware of the following actual or potential conflicts that would or mother than the second secon	S GUARDIAN AD LITEM  d or might arise from the appointment.  hight arise from the appointment (describe the actual or
Ella Jones  (TYPE OR PRINT NAME)  DISCLOSURES AND CONSENT TO ACT AS  3. I have the following relationship with the person named in item 3 (check on a. No relationship b. A familial relationship (specify): Mother c. An affiliate (nonfamilial) relationship (specify):  9. I am (check one):  a. No relationship (specify): Mother c. I am (check one):  a. and affiliate (nonfamilial) relationship (specify):  9. I am (check one):  a. and aware of any actual or potential conflicts of interest that would be aware of the following actual or potential conflicts that would or mother than the second secon	S GUARDIAN AD LITEM  d or might arise from the appointment.  hight arise from the appointment (describe the actual or
Ella Jones  (TYPE OR PRINT NAME)  DISCLOSURES AND CONSENT TO ACT AS  3. I have the following relationship with the person named in item 3 (check on a. No relationship b. A familial relationship (specify): Mother c. An affiliate (nonfamilial) relationship (specify):  9. I am (check one):  a. No relationship (specify): Mother c. I am (check one):  a. and affiliate (nonfamilial) relationship (specify):  9. I am (check one):  a. and aware of any actual or potential conflicts of interest that would be aware of the following actual or potential conflicts that would or mother than the second secon	S GUARDIAN AD LITEM  d or might arise from the appointment.  hight arise from the appointment (describe the actual or
Ella Jones  (TYPE OR PRINT NAME)  DISCLOSURES AND CONSENT TO ACT AS  3. I have the following relationship with the person named in item 3 (check on a. No relationship b. A familial relationship (specify): Mother c. An affiliate (nonfamilial) relationship (specify):  3. I am (check one):	S GUARDIAN AD LITEM ne):
Ella Jones  (TYPE OR PRINT NAME)  DISCLOSURES AND CONSENT TO ACT AS  3. I have the following relationship with the person named in item 3 (check on a. No relationship  b. A familial relationship (specify): Mother	S GUARDIAN AD LITEM
Ella Jones  (TYPE OR PRINT NAME)  DISCLOSURES AND CONSENT TO ACT AS  3. I have the following relationship with the person named in item 3 (check on a No relationship	S GUARDIAN AD LITEM
Ella Jones  (TYPE OR PRINT NAME)  DISCLOSURES AND CONSENT TO ACT AS	S GUARDIAN AD LITEM
Ella Jones  (TYPE OR PRINT NAME)	,
Ella Jones	Ella Jones (SIGNATURE OF APPLICANT)
·	Œu d.
declare under penalty of perjury under the laws of the State of California that	trie loregoing is true and correct.
(TYPE OR PRINT NAME)	(SIGNATURE OF ATTORNEY)
TWO OF STREET	(00)
<ol> <li>The proposed guardian ad litem is fully competent and qualified to understant.</li> </ol>	and and protect the rights of the person named in item 3
(After filing this application, you must give notice and a copy of the	
(After filing this application, you must give notice and a serve of the	anniestian to the quardian or concentrator chairs
The guardian or conservator of the estate is (name, address, tele	ephone number, and email address):
Continued on Attachment 6d.	
interest in this action or proceeding because (explain):	serios. Tator to inadoquate to represent the persons
<ul><li>c has no guardian or conservator of the estate.</li><li>d has a guardian or conservator of the estate, but the guardian or c</li></ul>	conservator is inadequate to represent the person's
I don't know whether the minor objects to the appointment of	of the person named in item 2.
	pintment of the person named in item 2.
b. is a minor who is requesting or opposing a request for an injunction	
a. is a minor who is a party to an action under the Uniform Parentag	ge Act (Family Code, §§ 7600–7730).
6. I am asking the court to appoint a guardian ad litem because the person na	amed in item 3 (check all that apply):
<ul> <li>a defendant or respondent in this action. More than 10 days have applied for the appointment of a guardian ad litem.</li> </ul>	e passed since service of the summons, and no one has
<ul><li>The person named in item 3 is a minor and is (check one):</li><li>a.  a plaintiff or petitioner in this action and the summons has not been action.</li></ul>	
The person person in item 2 is a prince and is (about analy	I
OTHERT AREATT.	Fill in your Case Number
PLAINTIFF/PETITIONER: Mark Jones, by and through his guardian ad litem DEFENDANT/RESPONDENT: John Doe OTHER PARENT/PARTY:	

APPLICATION FOR APPOINTMENT OF GUARDIAN AD LITEM—CIVIL AND FAMILY LAW

		CIV-010/FL-935
ATTORNEY OR PARTY WITHOUT ATTORNEY	STATE BAR NUMBER:	FOR COURT USE ONLY
NAME: FIRM NAME: Mark Jones		-File with SC-100 Plaintiff's Claim
STREET ADDRESS: 456 Bird Lane CITY: Los Angeles	STATE: CA ZIP CODE: 90012	and ORDER to Go to Small Claims
	FAX NO.:	Court
TELEPHONE NO.: (213) 978-4444	TAX NO.	
ATTORNEY FOR (name):		or
SUPERIOR COURT OF CALIFORNIA, COUNTY	Y OF Los Angeles	
	1 or 203 / trigeres	SC-120 Defendant's Claim and
STREET ADDRESS: 111 N Hill St MAILING ADDRESS:		ORDER to go to Small Claims
CITY AND ZIP CODE: Los Angeles, 90012		Court
BRANCH NAME: Stanley Mosk Courth	nouse	
PLAINTIFF/PETITIONER: Mark Jones, by a	and through his guardian ad litem Mia Jones	
DEFENDANT/RESPONDENT: John Doe		-Do not serve copy to other parties
OTHER PARENT/PARTY:		De not serve sep; to earer parase
APPLICATION FO	R APPOINTMENT OF	CASE NUMBER:
	-CIVIL AND FAMILY LAW	Fill in your Case Number
This form is for use in a civil or family law p	X PARTE	
	resented by an attorney, is an attorney, or, i	150/GC-100. <b>NOTE:</b> A person may not act as a in an action under the Uniform Parentage Act
1. I (applicant's name): Mark Jones		
am (check all that apply):		*A minor of 14 years old and older must petition
a the parent of (name):		court on their own behalf, the minor is the applic
b. the guardian of (name):		
<ul><li>c the conservator of (name):</li><li>d a party to the suit.</li></ul>		
	f the minor is 14 years of age or older).	
f. another interested person (spe		
	• • •	address, phone number, and email address):
Mia Jones	wing person de gadraian de mom (name, e	address, prioris nambor, and small address).
456 Bird Lane		
Los Angeles, CA 90012		
PH: (213) 978-4444		
3. The guardian ad litem will represent the	interest of (name, address, and, if applical	ble, phone number and email address):
Mark Jones		,
456 Bird Lane		
Los Angeles, CA 90012		
PH: (213) 979-3456		
I. The person named in item 3 is a party a a.   v   a minor (date of birth): 11/08/2	nd is (check all that apply):	
		or alaiming look of compatible
b a person who lacks legal capa	city to make decisions (explain the basis fo	or claiming lack of capacity):
Continued on Attachmen	nt 4b.	
c. a person for whom a conserva	tor has been appointed (provide the details	s of the appointment):
Continued on Attachmen	IT 4C.	Page 1 of 2

	k Jones, by and through his guardian	ad litem Mia Jones	CASE NUMBER:
DEFENDANT/RESPONDENT: John OTHER PARENT/PARTY:	n Doe		Fill in your Case Number
	em 3 is a minor and is (check one	l ):	
b. a defendant or resp			e service of the summons, and no one has
	ointment of a guardian ad litem. int a guardian ad litem because th	ne person named in item	3 (check all that apply):
	party to an action under the Unifor	•	, , , , ,
		• • •	ing order described in Code of Civil
Procedure sections The minor	372(b)(1) and 374(a). (If the mino	or is 12 years of age or ol t to the appointment of th	der, check one of the following): e person named in item 2.
c. has no guardian or	conservator of the estate.		
	onservator of the estate, but the g n or proceeding because (explain)		inadequate to represent the person's
	Attachment 6d. nservator of the estate is (name, a	ddress, telephone numb	er, and email address):
(After filing this app	lication, you must give notice and	a copy of the application	to the guardian or conservator above.)
7. The proposed guardian ad lite	em is fully competent and qualified	d to understand and prote	ect the rights of the person named in item 3.
			,
		<u> </u>	
(TYPE OR PR	•		(SIGNATURE OF ATTORNEY)
l declare under penalty of perjury Date: 06/19/2024	under the laws of the State of Ca	llifornia that the foregoing	g is true and correct.
Mark J	longo		Mark Jones
(TYPE OR PR		<u> </u>	(SIGNATURE OF APPLICANT)
(TIPE OR FR	INT NAIVE)		(SIGNATURE OF APPLICANT)
	DISCLOSURES AND CONSENT	TO ACT AS GUARDIAN	N AD LITEM
8. I have the following relationsh	nip with the person named in item	3 (check one):	
a. No relationship		*If the guardian is not a p	
		submit a declaration to e why a parent is not the g	
	mai) relationship (specify).	wity a parent is not the g	uaidiaii
b. aware of the following	tual or potential conflicts of interesing actual or potential conflicts that finterest and explain why the prop	t would or might arise fro	m the appointment (describe the actual or
Continued on	Attachment Ob		
	Attachment 9b.		
declare under penalty of perjury guardian ad litem in this action of	under the laws of the State of Ca	at a potential conflict of i	g is true and correct. I consent to act as nterest has become an actual conflict, or the court.
declare under penalty of perjury guardian ad litem in this action or that a new potential or actual cor	under the laws of the State of Ca	at a potential conflict of i	nterest has become an actual conflict, or
declare under penalty of perjury guardian ad litem in this action of that a new potential or actual corporate: 06/19/2024	under the laws of the State of Ca proceeding. If I become aware th flict exists, I will promptly disclose	at a potential conflict of i	nterest has become an actual conflict, or
declare under penalty of perjury guardian ad litem in this action or that a new potential or actual cor	under the laws of the State of Car proceeding. If I become aware the flict exists, I will promptly disclose	nat a potential conflict of interest to	nterest has become an actual conflict, or the court.

-935 [Rev. January 1, 2024]

APPLICATION FOR APPOINTMENT OF GUARDIAN AD LITEM—CIVIL AND FAMILY LAW

Page 2 of 2

			C1V-U1U/	LF-300
ATTORNEY OR PAI	RTY WITHOUT ATTORNEY	STATE BAR NUMBER:	FOR COURT USE ONLY	
NAME:	m. lanaa		-File with SC-100 Plaintiff's Cl	loim
FIRM NAME: Ma	ry Jones			
CITY: Los Ar	456 Bird Lane	STATE: CA ZIP CODE: 9001	and ORDER to Go to Small C	лаппъ
	(213) 978-4444	FAX NO.:	Court	
EMAIL ADDRESS:	(213) 970-4444			
ATTORNEY FOR (n	ame):		or	
SUPERIOR CO	OURT OF CALIFORNIA, COUNT	Y OF Los Angeles	00 400 P (	
STREET ADDRES	S: 111 NI Hill Qt	3	SC-120 Defendant's Claim ar	
MAILING ADDRES	s: Los Angeles, 90012		ORDER to go to Small Claims	S
	_	nous o	Court	
	E: Stanley Mosk Courth		Lucia	
	RESPONDENT: John Doe	and through her guardian ad litem Mary		
	ARENT/PARTY:		-Do not serve copy to other pa	arties
	APPLICATION FO	R APPOINTMENT OF	CASE NUMBER:	
		-CIVIL AND FAMILY LAW	Fill in your Case Number	
	E	X PARTE	Tim in your oddo rianibor	
decisions, or proceeding u compromise, guardian ad l	a person for whom a conserv nder the Probate Code—othe settlement, or disposition of jo	ator has been appointed. A person ver than a proceeding under Probate Coudgment proceeds—should use form resented by an attorney, is an attorney.	or, a person who lacks legal capacity to make who seeks the appointment of a guardian ad liter. Code sections 3500–3613 for approval of a n DE-350/GC-100. <b>NOTE:</b> A person may not act ey, or, in an action under the Uniform Parentage	t as a
1. I (applican	t's name): Mary Jones			
•	all that apply):			
	he parent of <i>(name):</i> he guardian of <i>(name):</i>			
	he conservator of (name):			
	a party to the suit.			
		f the minor is 14 years of age or olde	er).	
f. 🗸 a	another interested person (spe	ecify capacity): Daughter		
		wing person as guardian ad litem (n	ame, address, phone number, and email addres	ss):
Mary Jon				
456 Bird				
	eles, CA 90012 ) 978-4444			
, ,	•	interest of (name, address, and, if a	pplicable, phone number and email address):	
Susan Sr		, , , , ,	,,	
288 Forb	es Ave			
Los Ange	eles, CA 90008			
	979-3456			
4. The perso a.	n named in item 3 is a party a a minor <i>(date of birth):</i>	nd is (check all that apply):		
		city to make decisions (explain the b	pasis for claiming lack of capacity):	
			g and or only,	
*	has a impairment preventing t	them from making legal decisions		
Γ	Continued on Attachmer	nt 4b.		
c a	<del></del>	tor has been appointed (provide the	details of the appointment):	
<del></del>				
	Continued on Attachmer	nt 4c.		Page 1 of 2

PLAINTIFF/PETITIONER: Susan Smith, by and through her guardian ad litem Mary Jones	CASE NUMBER:
DEFENDANT/RESPONDENT: John Doe	Fill in your Case Number
OTHER PARENT/PARTY:	
5. The person named in item 3 is a minor and is (check one):	
a. a plaintiff or petitioner in this action and the summons has not been issued.	
<ul> <li>a defendant or respondent in this action. More than 10 days have passed since applied for the appointment of a guardian ad litem.</li> </ul>	e service of the summons, and no one has
6. I am asking the court to appoint a guardian ad litem because the person named in item	3 (check all that apply):
a. is a minor who is a party to an action under the Uniform Parentage Act (Family	y Code, §§ 7600–7730).
<ul> <li>is a minor who is requesting or opposing a request for an injunction or restrain Procedure sections 372(b)(1) and 374(a). (If the minor is 12 years of age or of The minor does does not object to the appointment of the I don't know whether the minor objects to the appointment of the person</li> </ul>	der, check one of the following): ne person named in item 2.
c.	
d has a guardian or conservator of the estate, but the guardian or conservator is interest in this action or proceeding because (explain):	s inadequate to represent the person's
Continued on Attachment 6d.  The guardian or conservator of the estate is (name, address, telephone numb	er, and email address):
(After filing this application, you must give notice and a copy of the application	to the guardian or conservator above.)
7. The proposed guardian ad litem is fully competent and qualified to understand and prote	ect the rights of the person named in item 3.
•	
(TYPE OR PRINT NAME)	(SIGNATURE OF ATTORNEY)
I declare under penalty of perjury under the laws of the State of California that the foregoing	g is true and correct.
Date: 06/19/2024	-
Mary Jones	Mary Jones
(TYPE OR PRINT NAME)	(SIGNATURE OF APPLICANT)
DISCLOSURES AND CONSENT TO ACT AS GUARDIAN	NADLITEM
8. I have the following relationship with the person named in item 3 (check one):  a. No relationship	
b. A familial relationship (specify): Daugther	
c. An affiliate (nonfamilial) relationship (specify):	
9. I am <i>(check one):</i>	
<ul> <li>a.</li></ul>	m the appointment (describe the actual or
Continued on Attachment Ob	
Continued on Attachment 9b.	vio truo and correct Lagranget to act as
I declare under penalty of perjury under the laws of the State of California that the foregoing guardian ad litem in this action or proceeding. If I become aware that a potential conflict of it that a new potential or actual conflict exists, I will promptly disclose the conflict of interest to	interest has become an actual conflict, or
Date: 06/19/2024	210 7
Mary Jones	Mary Jones
<u> </u>	IATURE OF PROPOSED GUARDIAN AD LITEM)

CIV-010/FL-935 [Rev. January 1, 2024]

APPLICATION FOR APPOINTMENT OF

# MC-410

# Disability Accommodation Request

## **CONFIDENTIAL**

Submit request at least 5 days before

Clerk receives and date stamps here.

hearing

If you have a disability and need an accommodation while you are at court, you can use this form to make your request. For more information, see form MC-410-INFO.



Make this request at least **5 days** (when the court is open) before you need the accommodation.

	or						
t - Contact the court's ADA coordinator							
	Court Name and Address:						
	Fill in Court Name and Address Example: Superior Court of California, County of Los Angeles Stanley Mosk Courthouse 111 N Hill St Los Angeles, CA 90012						
	Case Number (if you know it):						
	Fill in Case Number						
	Case Name/Type (if you know it):						
	Fill in your Case Name						
	n? [date(s), time(s), and court nouse, 111 N Hill St, Los Angeles						
0	ou in court?						
re	Garcia E						
ıŀ	nelped fill out this form and is						

1	Your info	ormation	Fill in Court Name and Address		
	Name: Jessica Garcia		Example: Superior Court of California, County of Los Angeles Stanley Mosk Courthouse		
Address: 123 Main Street Los Angeles, CA 90012		123 Main Street			
		Los Angeles, CA 90012	111 N Hill St Los Angeles, CA 90012		
	Phone:	(213) 555-5555			
	Email:	j.garcia@email.com	Case Number (if you know it):		
2 How are you involve		you involved in the case?	Fill in Case Number		
	□ Juror ☑ Party □ Witness □ Lawyer		Case Name/Type (if you know it):		

3 When and where do you need the accommodation? [date(s), time(s), and cour location] 12/01/2023, 10:30AM, Stanley Mosk Courthouse, 111 N Hill St, Los Angeles CA 90012, Department 90

What accommodation do you need at the court?

Sign Language Interpreter

Why do you need this accommodation to assist you in court?

Plaintiff is hearing impaired

More information on this request is attached.

Date: 10/01/2023

Jessica Garcia

Jessica Garcia

Type or print name

☐ Other (explain):

(**Optional**) If a court employee, caregiver or other person helped fill out this form and is willing to provide more information if needed, provide contact information below:

Name: Email: Phone:

NAME, ADDRESS  David Davis	s, AND TELEPHONE NUMBER OF PARTY:	RESERVED FOR CLERK'S FILE STAMP
123 Main Stre		
Los Angeles,	CA 90012	-A civil case must be filed first
SUPERIO	R COURT OF CALIFORNIA, COUNTY OF LOS ANGELES	-Attach copy of Civil Complaint
COURTHOUSE AL	DDRESS:	
111 N Hill St Los Angeles,	CA 90012	
,		
PLAINTIFF: Patty	y Pali	
DEFENDANT: Da	avid Davis	
AP	PLICATION AND ORDER FOR TRANSFER	CASE NUMBER:
	(SMALL CLAIMS)	Fill in your Case Number
The small claim	erk of the above-named court:  ns case is currently set as follows:	
Date: 03/14/2023	Time: 8:30AM	90 Room: 420
order u to the o	dant(s): David Davis under the provisions of Section 116.390 of the Code of Civil Proce court named below.  efendant has commenced a civil lawsuit against the plaintiff as follo	
D	ment: 51	
	Number: Fill in your Civil Case Number (not Small Claims)	
Date of	f Filing: 02/04/2023	
3. A true	copy of the complaint is attached hereto and incorporated herein I	by reference.
	Important Notice:	
The defenda	ant understands that unless he/she is otherwise notified by the cou claims court for the date and time the case has bee	
I declare under	penalty of perjury under the laws of the State of California that th	
02/04/2023		vid Davis
Date	Type or Printed Name Signatu	ure of Defendant or Defendant's Attorney
	ORDER the Code of Civil Procedure section 116.390(c), it is orded to the following court:	dered that the small claims case
Department:	Courthouse:	District:
Date:	Signature:	
שמוס		al Officer

#### **Proof of Service**

Use this form to serve a **person**, a **business**, or a **public entity**. To learn more about proof of service, read What Is "Proof of Service"?, Form SC-104B. To learn more about how to serve a business or entity, read *How to Serve a* Business or Public Entity, Form SC-104C.

To serve a **business**, you must serve **one** of the following people:

- Owner (for a sole proprietorship)
- Partner (for a partnership) or general partner (for a limited partnership)
- Any officer or general manager (corporation or association)
- Any person authorized for service by the business (corporation, association, general partnership, limited partnership)
- Any person authorized for service with the Secretary of State (corporation, association, limited liability company [LLC], limited liability partnership [LLP], limited partnership)

To serve a **public entity**, you must first file a claim with that entity, then serve **one** of the following people:

- Clerk (of a city or county)
- Chief officer or director (of a public agency)
- Any person authorized for service by the entity

a. If you are serving a **person**, write the person's name below: **Esther Pratt** 

b. If you are serving a **business** or **entity**, write the name of the business or entity, the person authorized for service, and that person's job title:

Business or Agency Name Person Authorized for Service

Job Title

Clerk stamps date here when form is filed.

-Form must be completed by server

 Must be filed at least 5 days before the hearing

Fill in court name and street address:

Superior Court of California, County of Fill in Court Name and Address: Example: Superior Court of California, County of Los Angeles Stanley Mosk Courthouse 111 N Hill St Los Angeles, CA 90012

Fill in case number, case name, hearing date, day, time, and department below:

## Case Number: Fill in your Case Number Case Name:

Fill in your Case Name

Hearing Date: Fill in your Court Date

Time: Fill in Time and

Dept.: Dept Room

## Instructions to Server:

You must be at least 18 years old and **not be named in this case.** Follow these steps:

- Give a copy of all the documents checked in (3) to the person in (1), or
- Give a copy of all the documents checked in (3) to one of the following people:
- a. A competent adult (at least 18) living with, and at the home of the person in (1), or
- b. An adult (at least 18) who seems to be in charge at the usual workplace of the person in (1), or
- c. An adult (at least 18) who seems to be in charge where the person in (1) usually receives mail (but not a U.S. Post Office box), if there is no known physical address for the person in (1). and mail a copy of the documents left with one of the adults in a, b, or c above to the person in (1).
- · Complete and sign this form, and
- Give or mail your completed form to the person who asked you to serve these court papers, in time for the form to be filed with the court at least 5 days before the hearing.

3	I served the person in	1 1 2	a copy of	the d	ocuments	checked	below:
---	------------------------	-------	-----------	-------	----------	---------	--------

- a. V SC-100, Plaintiff's Claim and ORDER to Go to Small Claims Court
- b. SC-120, Defendant's Claim and ORDER to Go to Small Claims Court
- c. Order for examination (This form must be personally served. Check the form that was served): Note: The court can issue a civil arrest warrant if the served party does not come to court only if the order for examination was personally served by a registered process server, sheriff, marshal, or someone appointed by the court.
  - (1) SC-134, Application and Order to Produce Statement of Assets and to Appear for Examination
- (2) ☐ AT-138/EJ-125, Application and Order for Appearance and Examination
  d. ☑ Other (specify): Notice of Remote Appearances and Exchange and Submission of Evidence Protocol

Case Number:

Fill in your Case Number

<b>4</b> )	4) Fill out "a" or "b" below:						
	a. 🗸	Personal Service: I personally gave co	opies of the documents checked in (3) to the person in (1)				
		On (date): 02/20/2024	At (time): 10:00				
		At this address: 2225 Balboa Stree	et				
		City: Los Angeles	State: <u>CA</u> Zip: <u>90006</u>				
	<ul> <li>b. Substituted Service: I personally gave copies of the documents checked in (3) (a, b, or d) to (check on A competent adult (at least 18) at the home of, and living with the person in (1), or</li> <li>An adult who seems to be in charge where the person in (1) usually works, or</li> <li>An adult who seems to be in charge where the person in (1) usually receives mail, or has a private post office box (not a U.S. Post Office box), if there is no known physical address for the person in (1) told that adult, "Please give these court papers to (name of person in (1))."</li> </ul>						
			At (time): \[ \begin{aligned} \text{a.m.} \\ \end{aligned} \] p.m.				
		this address:					
		ty:					
		ame or description of the person I gave t					
<b>5</b> )	I m by a. b.	<ul> <li>leaving it (check one):</li> <li>☐ At a U.S. Postal Service mail drop,</li> <li>☐ At an office or business mail drop the U.S. Postal Service, or</li> </ul>	or where I know the mail is picked up every day and deposited with the documents to the person in 1, and I have attached that person's				
		: Jack Shelton	Phone: (213) 555-1212				
		ess: 1885 North Brea Ave					
	City:		State: CA Zip: 90028				
	Fee fo	or service: \$					
		are a registered process server:					
	Count	y of registration:	Registration number:				
<b>6</b> ) I declare under		are under penalty of perjury under Califord that the information above is true and	ornia state law that I am at least 18 years old and not named in this				
	-	02/23/2024	Jack Shelten				
	Jac Type o	ck Shelton or print'server s name	Server signs here after serving				
	1 уре С	or print server s name	server signs here uper serving				

Revised January 1, 2009

Proof of Service (Small Claims)

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Clear this form

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Print this form

Save this form

### **Proof of Service**

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- Partner (for a partnership) or general partner (for a limited partnership)
- Any officer or general manager (corporation or association)
- Any person authorized for service by the business (corporation, association, general partnership, limited partnership)
- Any person authorized for service with the Secretary of State (corporation, association, limited liability company [LLC], limited liability partnership [LLP], limited partnership)

To serve a **public entity**, you must first file a claim with that entity, then serve **one** of the following people:

- Clerk (of a city or county)
- Chief officer or director (of a public agency)
- Any person authorized for service by the entity
- 1) a. If you are serving a **person**, write the person's name below:
  - b. If you are serving a **business** or **entity**, write the name of the business or entity, the person authorized for service, and that person's job title: **Jackson Corporation**, A Corporation

Business or Agency Name

Alexander Clark

Agent for Service of Process

Person Authorized for Service

Job Title

Clerk stamps date here when form is filed.

- -Form must be completed by server
- -Must be filed at least 5 days before the hearing
- -Must be Substituted Service
- \*25 days (in county)
- \*30 days (out of county)

Fill in court name and street address:

Superior Court of California, County of Fill in Court Name and Address: Example: Superior Court of California,

Superior Court of California, County of Los Angeles Stanley Mosk Courthouse 111 N Hill St Los Angeles, CA 90012

Fill in case number, case name, hearing date, day, time, and department below:

#### **Case Number:**

Fill in your Case Number

Case Name:

Fill in your Case Name

Hearing Date: Fill in your Court Date

Time: Fill in Time and

Dept.: Dept Room

## 2 Instructions to Server:

You must be at least 18 years old and **not be named in this case.** Follow these steps:

- Give a copy of all the documents checked in (3) to the person in (1), or
- Give a copy of all the documents checked in (3) to one of the following people:
- a. A competent adult (at least 18) living with, and at the home of the person in (1), or
- b. An adult (at least 18) who seems to be in charge at the usual workplace of the person in (1), or
- c. An adult (at least 18) who seems to be in charge where the person in ① usually receives mail (but not a U.S. Post Office box), if there is no known physical address for the person in ①. and mail a copy of the documents left with one of the adults in a, b, or c above to the person in ①. THEN
- Complete and sign this form, and
- Give or mail your completed form to the person who asked you to serve these court papers, in time for the form to be filed with the court at least 5 days before the hearing.

3	I served the person in	า (1	a copy	of the	documents	checked	below:
---	------------------------	------	--------	--------	-----------	---------	--------

- a. V SC-100, Plaintiff's Claim and ORDER to Go to Small Claims Court
- b. SC-120, Defendant's Claim and ORDER to Go to Small Claims Court
- c. Order for examination (This form must be personally served. Check the form that was served):

  Note: The court can issue a civil arrest warrant if the served party does not come to court only if the order for examination was personally served by a registered process server, sheriff, marshal, or someone appointed by the court.
  - (1) SC-134, Application and Order to Produce Statement of Assets and to Appear for Examination
  - (2) AT-138/EJ-125, Application and Order for Appearance and Examination
- d. Other (specify): Notice of Online Dispute Resolution (ODR) Program; Notice of Remote Appearance

Case Number:

Fill in your Case Number

4	Fill	Fill out "a" or "b" below:				
<u> </u>	a. [		pies of the documents checked in 3 to the person in 1			
		On (date): At this address:	_ At (time):			
			State: 7in:			
		City:	State:Zip:			
	b. 🔽	<ul> <li>☐ A competent adult (at least 18) at the</li> <li>☑ An adult who seems to be in charge</li> <li>☐ An adult who seems to be in charge</li> </ul>	copies of the documents checked in (3) (a, b, or d) to (check one):  e home of, and living with the person in (1), or  where the person in (1) usually works, or  where the person in (1) usually receives mail, or has a private ce box), if there is no known physical address for the person in (1)			
	I	told that adult, "Please give these court paper	pers to (name of person in 1)."			
	I	did this on (date): 02/20/2024	At (time): 10:00			
	A	At this address: 456 White Oak Ave				
	C	City: Los Angeles	State: <u>CA</u> Zip: <u>90011</u>			
	N	Name or description of the person I gave th	e papers to:			
		Alexander Clark, Agent for Service o	f Process			
	ar le I	nd put first-class prepaid postage on it. I aceft the copies.  mailed the envelope on (date): 02/20/2	of the documents listed in ③ in an envelope, sealed the envelope, ddressed the envelope to the person in ① at the address where I  O24 from (city, state): Torrance, CA			
		y leaving it <i>(check one):</i> ☑ At a U.S. Postal Service mail drop, o	r			
	b.	At an office or business mail drop w the U.S. Postal Service, or	here I know the mail is picked up every day and deposited with			
	c.	. With someone else I asked to mail the completed Form SC-104A.	e documents to the person in 1 , and I have attached that person'			
<b>5</b> )	Serv	ver's Information				
	Name	e: Jack Shelton	Phone: (213) 555-1212			
	Addr	ress: 1885 North Brea Ave	<del>-</del>			
	City:	Hollywood	State: <u>CA</u> Zip: <u>90028</u>			
		for service: \$				
	If you	nu are a registered process server:				
		nty of registration:	Registration number:			
6	I dec		rnia state law that I am at least 18 years old and not named in this			
	Date:	: 02/23/2024				
	Ja	ack Shelton	Jack Shelten			

Revised January 1, 2009

**Proof of Service** (Small Claims)

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Clear this form

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Print this form

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- Partner (for a partnership) or general partner (for a limited partnership)
- Any officer or general manager (corporation or association)
- Any person authorized for service by the business (corporation, association, general partnership, limited partnership)
- Any person authorized for service with the Secretary of State (corporation, association, limited liability company [LLC], limited liability partnership [LLP], limited partnership)

To serve a **public entity**, you must first file a claim with that entity, then serve **one** of the following people:

- Clerk (of a city or county)
- Chief officer or director (of a public agency)
- Any person authorized for service by the entity
- a. If you are serving a **person**, write the person's name below: John Smith DBA John's Towing Service
  - b. If you are serving a **business** or **entity**, write the name of the business or entity, the person authorized for service, and that person's job title:

Business or Agency Name Person Authorized for Service Job Title Clerk stamps date here when form is filed.

-Form must be completed by server

 Must be filed at least 5 days before the hearing

Fill in court name and street address:

Superior Court of California, County of Fill in Court Name and Address: Example: Superior Court of California, County of Los Angeles Stanley Mosk Courthouse 111 N Hill St Los Angeles, CA 90012

Fill in case number, case name, hearing date, day, time, and department below:

· · · · · · · · · · · · · · · · · · ·				
Case Number:				
Fill in your Case No	umber			
Case Name:				
Fill in your Case Name				
Hearing Date: Fill in your Court Date				
Time: Fill in Time and	Dent : Dent Roo			

## Instructions to Server:

You must be at least 18 years old and **not be named in this case.** Follow these steps:

- Give a copy of all the documents checked in (3) to the person in (1), or
- Give a copy of all the documents checked in (3) to one of the following people:
- a. A competent adult (at least 18) living with, and at the home of the person in (1), or
- b. An adult (at least 18) who seems to be in charge at the usual workplace of the person in (1), or
- c. An adult (at least 18) who seems to be in charge where the person in (1) usually receives mail (but not a U.S. Post Office box), if there is no known physical address for the person in (1). and mail a copy of the documents left with one of the adults in a, b, or c above to the person in (1).
- · Complete and sign this form, and
- Give or mail your completed form to the person who asked you to serve these court papers, in time for the form to be filed with the court at least 5 days before the hearing.

<b>3</b>	I served the person in	n ① a copy of the documents checked b	elow
----------	------------------------	---------------------------------------	------

- a. V SC-100, Plaintiff's Claim and ORDER to Go to Small Claims Court
- b. SC-120, Defendant's Claim and ORDER to Go to Small Claims Court

c. Order for examination (This form must be personally served. Check the form that was served): Note: The court can issue a civil arrest warrant if the served party does not come to court only if the order for examination was personally served by a registered process server, sheriff, marshal, or someone appointed by the court. (1) SC-134, Application and Order to Produce Statement of Assets and to Appear for Examination

- (2) ☐ AT-138/EJ-125, Application and Order for Appearance and Examination
  d. ☑ Other (specify): Notice of Remote Appearances and Exchange and Submission of Evidence Protocol

Case Number:

Fill in your Case Number

4	Fill	out "a" or "b" below:	
<u> </u>	a. [		pies of the documents checked in 3 to the person in 1
		On (date):At this address:	At (time):
		City:	State: Zip:
	b. <u>∨</u>	A competent adult (at least 18) at the	copies of the documents checked in (3) (a, b, or d) to (check one) to home of, and living with the person in (1), or
		☐ An adult who seems to be in charge	where the person in ① usually <b>works</b> , or where the person in ① usually <b>receives mail</b> , or has a private ce box), if there is no known physical address for the person in ①
	I	told that adult, "Please give these court paper	
	Ι	did this on (date): 02/20/2024	At (time): 10:00
	A	At this address: 456 White Oak Ave	
	C	City: Los Angeles	State: <u>CA</u> Zip: <u>90011</u>
	N	Name or description of the person I gave th Karen Li, Manager	e papers to:
	aı		of the documents listed in 3 in an envelope, sealed the envelope, ddressed the envelope to the person in 1 at the address where I
	b	mailed the envelope on <i>(date)</i> :02/20/20  by leaving it <i>(check one)</i> :  a. ✓ At a U.S. Postal Service mail drop, or	from (city, state): Torrance, CA
	b.		here I know the mail is picked up every day and deposited with
	c.	with someone else I asked to mail the completed Form SC-104A.	ne documents to the person in 1 , and I have attached that person'
<b>5</b> )	Serv	ver's Information	
	Name	ne: Jack Shelton	Phone: (213) 555-1212
	Addr	ress: 1885 North Brea Ave	
	City:	: Hollywood	State: CA Zip: 90028
		for service: \$	
	If you	ou are a registered process server:	
	Coun	nty of registration:	Registration number:
6	I dec		rnia state law that I am at least 18 years old and not named in this
	Date:	: 02/23/2024	
	Ja	ack Shelton	Jack Shelten
		e or print'server s name	Server signs here after serving

Revised January 1, 2009

**Proof of Service** (Small Claims)

SC-104, Page 2 of 2

Clear this form

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Print this form

## SC-112A

## **Proof of Service by Mail**

Case Number:	
Fill in Case Nu	mber

See i	instructions on other side.							
		document checked in <b>(2)</b> below.						
1	Server's information							
	Name: Lily Bailey	Name: Lily Bailey						
	Street or mailing address: 412 Nu	ıtmeg Lane						
	City: Los Angeles		State: CA Zip Code: 90015					
	Check here if you are a regist	tered process server, and write:	·					
	County where registered:	1	Registration #:					
2	Form or document served							
$\bigcirc$	a.  Form SC-105, Request for	r Court Order and Answer						
	b.  Form SC-109, <i>Authorizat</i>							
		Amend Claim Before Hearing						
	-	Debtor's Statement of Assets						
	e.  Form SC-150, Request to							
		to Request to Make Payments						
		ot enough space below to list the document se	rved. List the document on a separate page,					
	and write "SC-112A, It	em 2" at the top.						
	EJ-190 Application for Re							
	EJ-195 Notice of Renewal of Judgment							
2	Server's declaration							
3)		auto ta thia annall alaimea anna T live an sea	ule in the country wile one I did the medition					
	described below.	arty to this small claims case. I live or wo	rk in the county where I did the mailing					
	b. I placed copies of the docume addressed as follows:	ent checked in (2) and an unsigned copy of	of this page in a sealed envelope,					
		ough space below to list all parties served. Li	ist their names and addresses on a senarate					
	page, and write "SC-112A,		si incii names ana aaaresses on a separare					
	Name of party served	Mailing address on the envelope						
	David Jones	456 Bird Avenue, Los Angeles, CA 90	012					
	c. On (date of mailing): 11/20/2	2023 I placed each at	avalone in the mail, with nestage paid at					
	(city and state of mailing): L		nvelope in the mail, with postage paid, at					
I dec		er the laws of the State of California that the	he information above is true and correct					
	e: 11/21/2023	i die iaws of the State of Camornia that the	te information above is true and coffect.					
		N Liha	Bailer					
	Bailey e or print server's name	Lily .  Server sign	ns horo					
· ypc	, o. p. in server s name	Dei Vei Sigi	is itele					

ATTORNEY OR PARTY WITHOUT ATTORNEY	STATE BAR NUMBER:		FOR	R COURT USE ONLY
NAME: Noel Jones			-File prior to	
FIRM NAME:			. no prior to	i caring
STREET ADDRESS: 456 Goodland Avenue				CI II .
CITY: Los Angeles	STATE: CA ZIP (	CODE: 90012	-Can only be	e filed by party
TELEPHONE NO.:	FAX NO.:		initiating the	claim
E-MAIL ADDRESS:			_	
ATTORNEY FOR (name):				
SUPERIOR COURT OF CALIFORNIA, COUNTY OF	Los Angeles			
STREET ADDRESS: 111 N Hill Ct				
IN TENTO / IEE / IEE /				
CITY AND ZIP CODE: Los Angeles, 90012  BRANCH NAME: Stanley Mosk Courthou	se			
PLAINTIFF/PETITIONER: Noel Jones				
DEFENDANT/RESPONDENT: Sarah Smith				
Caran Ciman			CASE NUMBER:	
REQUEST FOR	DISMISSAL			Saca Number
			Fill in your C	Case Number
A conformed copy will not be returned by	the clerk unless a	method of return is p	rovided with th	e document.
This form may not be used for dismissal	of a derivative actio	n or a class action or	r of any party o	r cause of action in a
class action. (Cal. Rules of Court, rules 3				
1. TO THE CLERK: Please dismiss this action	n as follows:			#6Tip - If Defendant i
a. (1) With prejudice (2)	Without prejudice			requesting dismissal
b. (1) Complaint (2)	Petition			. •
(3) Cross-complaint filed by (nar.	ne):		on <i>(date):</i>	replace Plaintiff's with
(4) Cross-complaint filed by (name	•		on (date):	Defendant's
	•		on (date).	
(5) Entire action of all parties and				
(6) Other (specify):* Plaintiff	is dismissing the	e Small Claims P	laintiff's clair	n
2. (Complete in all cases except family law cas	ses.)			
The court 🗸 did 🔃 did not waive	court fees and costs	for a party in this case	e. (This informati	on may be obtained from
the clerk. If court fees and costs were waive	d, the declaration on	the back of this form m	nust be complete	ed).
Date:04/20/2024			0.1-	
Noel Jones		•	Noe	l Jones
	RTY WITHOUT ATTORNEY)	<u>*                                    </u>	(SIGNAT	
*If dismissal requested is of specified parties only of specified	•	Attorney or	party without at	torney for:
of specified cross-complaints only, so state and identify the pa				Defendant/Respondent
or cross-complaints to be dismissed			s-Complainant ¯	
3. TO THE CLERK: Consent to the above disn	niccal ic haraby givan		· · · · · · · · · · · · · · · · · · ·	
Date:	ilissai is riereby giveri	l.		
(TYPE OR PRINT NAME OF ATTORNEY PA	RTY WITHOUT ATTORNEY)		(SIGNAT	•
** If a cross-complaint - or Response (Family Law) seeking a		•	party without at	<del>-</del>
file, the attorney for cross-complainant (respondent) must sign by Code of Civil Procedure section 581 (i) or (j).	n this consent if required		tiff/Petitioner [	Defendant/Respondent
		Cross	s-Complainant	
4. Dismissal entered as requested on (c	date):			
5. Dismissal entered on (date):	as to only	(name):		
6. Dismissal <b>not entered</b> as requested f				
	· ·	( ) )/		
7. a. Attorney or party without attorney	notified on (date):			
b. Attorney or party without attorney		rty failed to provide		
a copy to be conformed	<del>-</del> :	means to return confor	med copy	
			1.7	
Date:	C	lerk, by		, Deputy
				Page 1 of 2

PLAINTIFF/PETITIONER: Noel Jones DEFENDANT/RESPONDENT: Sarah Smith CASE NUMBER:

Fill in your Case Number

#### **COURT'S RECOVERY OF WAIVED COURT FEES AND COSTS**

If a party whose court fees and costs were initially waived has recovered or will recover \$10,000 or more in value by way of settlement, compromise, arbitration award, mediation settlement, or other means, the court has a statutory lien on that recovery. The court may refuse to dismiss the case until the lien is satisfied. (Gov. Code, § 68637.)

	Declaration Concerning Waived Court Fees	
1.	The court waived court fees and costs in this action for (name): Noel Jones	
2.	The person named in item 1 is (check one below):	
	a. ont recovering anything of value by this action.	
	b. recovering less than \$10,000 in value by this action.	
	c. recovering \$10,000 or more in value by this action. (If item 2c is checked, item 3 must be completed.)	
3.	All court fees and court costs that were waived in this action have been paid to the court (check one): Yes Vo	
l d	eclare under penalty of perjury under the laws of the State of California that the information above is true and correct.	
Da	nte: <u>04/20/2024</u>	
	Noel Jones Noel Jones	
(TYI	PE OR PRINT NAME OF ATTORNEY PARTY MAKING DECLARATION) (SIGNATURE)	•

### Plaintiff requesting a Postponement

		Trainin requeeting a recipensmen
	SC-150 Request to Postpone Trial	Clerk stamps here when form is filed Fill out and make copies for the
See	instructions on other side.	- other parties - Have someone other than yourself
(1)	My name is: Pat Waters	mail copies of form to all other parties
U	Mailing address: 123 Main St	- Have person who mails the papers
	Los Angeles, CA 90012	complete SC-112A - File original SC-150 and SC-112A
	Phone: (564) 555-5555	with court
	I am a (check one): ✓ plaintiff ☐ defendant in this case.	*Include a \$10 check if party has been served with SC-100
2	My trial is now scheduled for (date): 01/15/2023	Fill in the court name and street address:  Superior Court of California, County of Fill in Court Name and Address
3	I ask the court to postpone my trial until (approximate date): 02/14/2023	Example: Superior Court of California, County of Los Angeles Stanley Mosk Courthouse
4	I am asking for this postponement because (explain):	111 N Hill St Los Angeles, CA 90012
4	If your answer will not fit in the space below, check this box and attach your	Fill in your case number and case name:
	answer on a separate sheet of paper. Write "SC-150, Item 4" at the top.  Need more time to prepare for trial	Case Number: Fill in your Case Number
		Case Name:
		Fill in your Case Name
(5)	If your trial is scheduled within the next 10 days, explain why you did not a   If your answer will not fit in the space below, check this box and attach your a  Write "SC-150, Item 5" at the top.	
6	Has your claim been served by a method allowed by law? (See for information about how the claim can be served. Check and complete all that ap  If your answer will not fit in the space below, check this box and attach your a	oply):
	Write "SC-150, Item 6" at the top.	
	a.   No. I am a defendant and have not filed a claim in this case.	
	b. Yes. The parties listed below have been served:	was samual and
	$(1) \underline{\hspace{1cm}}, \text{ who lives in:} \underline{\hspace{1cm}} \underline{\hspace{1cm}} county$	, was served on: date
	(2), who lives in:	, was served on:
	•	date
	c. No. The parties listed below have not been served (list names):  (1) John Jamon (2)	
		*C4
	d. I do not know. The court clerk mailed my claim, and I do not know for these parties ( <i>list names</i> ):	ii the court received the signed receipt

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

Date: 06/06/2024 Pat Waters

Type or print your name

Pat Waters
Sign here

(2)\_\_\_\_

#### Defendant requesting a Postponement

	SC-150 Request to Postpone Trial	<ul> <li>Clerk stamps here when form is filed.</li> <li>Fill out and make copies for the other parties</li> </ul>
See	e instructions on other side.	- Have someone other than yourself
	My name is: Pat Waters	mail copies of form to all other parties
(1)	Mailing address: 123 Main St	- Have person who mails the papers
		- complete SC-112A
	Los Angeles, CA 90012	- File original SC-150 and SC-112A with court
	Phone: (564) 555-5555	- With South
	I am a (check one): ☐ plaintiff ☑ defendant in this case.	
<u>a</u>	My trial is now schoduled for (data), 01/15/2023	Fill in the court name and street address:
(2)	My trial is now scheduled for (date): 01/15/2023	Superior Court of California, County of Fill in Court Name and Address
(3)	I ask the court to postpone my trial until (approximate date):	Example: Superior Court of California,
9	02/14/2023	County of Los Angeles
		Stanley Mosk Courthouse
<b>(4)</b>	I am asking for this postponement because (explain):	111 N Hill St Los Angeles, CA 90012
·	If your answer will not fit in the space below, check this box and attach your	Fill in your case number and case name:
	answer on a separate sheet of paper. Write "SC-150, Item 4" at the top.	Case Number:
	Need more time to prepare for trial	Fill in your Case Number
		Case Name:
		Fill in your Case Name
	☐ If your answer will not fit in the space below, check this box and attach your Write "SC-150, Item 5" at the top.	answer on a separate sheet of paper.
6	Has your claim been served by a method allowed by law? (See for information about how the claim can be served. Check and complete all that  If your answer will not fit in the space below, check this box and attach your Write "SC-150, Item 6" at the top.	apply):
	<ul> <li>a. ✓ No. I am a defendant and have not filed a claim in this case.</li> <li>b. ✓ Yes The parties listed below have been served:</li> </ul>	
	Tes. The parties have seen served.	was served on:
	(1), who lives in:	
	(2), who lives in:	, was served on:
	name county	date
	c.  No. The parties listed below have not been served ( <i>list names</i> ):	
	(1)(2)	
	d. I do not know. The court clerk mailed my claim, and I do not know for these parties (list names):	
	(1)(2)	
I de	eclare under penalty of perjury under the laws of the State of California that	t the information above is true and correct.

Judicial Council of California, www.courtinfo.ca.gov

Request to Postpone Trial (Small Claims)

Pat Waters
Sign here

Date: 06/06/2024

Type or print your name

Pat Waters

	MC-0
ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, State Bar number, and address):  Melissa Messi	FOR COURT USE ONLY
<sup>-</sup> 12345 Main St	- Can be used as a witness
Los Angeles, CA 90001	statement or to appear by declaration
TELEPHONE NO.:(213) 333-3333 FAX NO. (Optional):	
E-MAIL ADDRESS (Optional):	
ATTORNEY FOR (Name):	
SUPERIOR COURT OF CALIFORNIA, COUNTY OF Los Angeles	
STREET ADDRESS:	
MAILING ADDRESS:111 N Hill St	
CITY AND ZIP CODE: Los Angeles, CA 90012  BRANCH NAME: Stanley Mosk Courthouse	
*	$\dashv$
PLAINTIFF/PETITIONER: Peter Pique	
DEFENDANT/RESPONDENT: Dina Donna	
	CASE NUMBER:
DECLARATION	Fill in your Case Number
Melissa Messi writes her witness statement in this area	

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

Date: 01/21/2023

Melissa Messi	Melissa Messi
(TYPE OR PRINT NAME)	(SIGNATURE OF DECLARANT)
	☐ Attorney for ☐ Plaintiff ☐ Petitioner ☐ Defendant ☐ Respondent ☑ Other (Specify): Witness

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, State Bar number, and address):	
Susan Jones	FOR COURT USE ONLY
456 Bird Lane	- Cannot be filed on behalf of
Los Angeles, CA 90004	other party
TELEPHONE NO.: (213) 555-4444 FAX NO. (Optional):  E-MAIL ADDRESS (Optional):  ATTORNEY FOR (Name):	- A copy must first be served onto the other parties, by someone, who also fill outs page 2
SUPERIOR COURT OF CALIFORNIA, COUNTY OF Los Angeles	
STREET ADDRESS:	-Then file with the court
MAILING ADDRESS: 111 N HIII St	
CITY AND ZIP CODE: Los Angeles, CA 90012  BRANCH NAME: Stanley Mosk Courthouse	
BRANCH NAME. Staffley WOSK Coultiflude	CASE NUMBER:
PLAINTIFF/PETITIONER: Susan Jones	Fill in your Case Number
DEFENDANT/RESPONDENT: John Doe	JUDICIAL OFFICER:
NOTICE OF CHANGE OF ADDRESS OR OTHER	DEPT.:
CONTACT INFORMATION	52 1
the following self-represented party or the attorney for:  a. plaintiff (name): Susan Jones b. defendant (name): c. petitioner (name): d. respondent (name): e. other (describe):  has changed his or her address for service of notices and documents or other coaction.  A list of additional parties represented is provided in Attachment 1.	ontact information in the above-captioned
2. The <b>new address</b> or other contact information for (name): Susan Jones is as follows:	
a. Street: 3853 Goodland Place	
b. City: Northridge	
c. Mailing address (if different from above):	
,	
d. State and zip code: CA, 91326	
e. Telephone number: (818) 222-5555	
f. Fax number (if available):	
g. E-mail address (if available):	
3. <b>All notices and documents</b> regarding the action should be sent to the above add	dress.
Date: 04/04/2024	
N.	
Susan Jones	

PLAINTIFF/PETITIONER: Susan Jones DEFENDANT/RESPONDENT: John Doe

CASE NUMBER:

Fill in your Case Number

#### PROOF OF SERVICE BY FIRST-CLASS MAIL NOTICE OF CHANGE OF ADDRESS OR OTHER CONTACT INFORMATION

(NOTE: This page may be used for proof of service by first-class mail of the Notice of Change of Address or Other Contact Information. Please use a different proof of service, such as Proof of Service—Civil (form POS-040), if you serve this notice b Α р

A	ddre	nethod other than first class-mail, such as by fax or e ss or Other Contact Information if you are a party in a of service.)		s service. You cannot serve the Notice of Change of n. The person who served the notice must complete this		
1.	. At the time of service, I was at least 18 years old and <b>not a party to this action.</b>					
	52 Stu	n a resident of or employed in the county where the mail 01 White Oak Ave udio City, CA 91604				
3.	to t	he persons at the addresses listed in item 5 and <i>(check december)</i>	one):	Information by enclosing it in a sealed envelope addressed		
	a.	✓ deposited the sealed envelope with the United St				
	b.	familiar with this business's practice for collecting	and prod ng, it is d	following our ordinary business practices. I am readily tessing correspondence for mailing. On the same day eposited in the ordinary course of business with the United ully prepaid.		
4.		e Notice of Change of Address or Other Contact Information (date): 04/03/2024	tion was <sub>l</sub>	placed in the mail:		
	b.	at (city and state): Studio City, CA				
5.	The	e envelope was addressed and mailed as follows:				
	a.	Name of person served: John Doe	C.	Name of person served:		
		Street address: 4562 Victory Blvd		Street address:		
		City: Studio City		City:		
		State and zip code: CA, 91401		State and zip code:		
	b.	Name of person served:	d.	Name of person served:		
		Street address:		Street address:		
		City:		City:		
		State and zip code:		State and zip code:		
		Names and addresses of additional persons served are a	attached.	(You may use form POS-030(P).)		
Ιc	lecla	re under penalty of perjury under the laws of the State of	f Californi	a that the foregoing is true and correct.		
Da	ate:	04/03/2024				
_		Gail Strauss		Sail Strauss		
_		(TYPE OR PRINT NAME OF DECLARANT)		(SIGNATURE OF DECLARANT)		

MC-040 [Rev. January 1, 2013]

**NOTICE OF CHANGE OF ADDRESS** 

Page 2 of 2

Page 63

Clear this form

,	LEPHONE NUMBER OF ATTORNEY OR PARTY WITHOUT ATTORN	NEY: STATE BAR N	NUMBER:		lerk's File Stamp
Sarah Patts 578 Main Stree	s+				e filed before or
Los Angeles, C				on hearing dat assigned judge	e from hearing
Los Angeles, e	DA 3000 I			the case	, monitioning
ATTORNEY FOR (Name	e):				
	OURT OF CALIFORNIA, COUNTY	OF LOS A		- File if litigant	
COURTHOUSE ADDRE	SS:			judge was bias them	ed against
	t, Los Angeles, CA 90012			uioiii	
PLAINTIFF/PETITIONEI Sarah Patts	₹:				
DEFENDANT/RESPON	DENT:				
Mike Jones					
PEF	REMPTORY CHALLENGE TO JUDICI	AL OFFICER	2	CASE NUMBER:	
	(Code Civ. Proc., § 170.6	)		Fill in your Cas	se Number
	(	,	L		
	Name of Judicial Officer: (PRINT)		Dept. Numb	er.	
	Robert Smith		92		
	,				
	☐ Judge	ımissioner		Referee	
above, before assigned, is p her attorney),	I am a party (or attorney for a party) to this action or special proceeding. The judicial officer named above, before whom the trial of, or a hearing in, this case is pending, or to whom it has been assigned, is prejudiced against the party (or his or her attorney) or the interest of the party (or his or her attorney), so that declarant cannot, or believes that he or she cannot, have a fair and impartial trial or hearing before the judicial officer.				
I declare un	DECLARATION  I declare under penalty of perjury, under the laws of the State of California, that the				
	ntered on this form is true and co				,
Filed on behal	f of: Sarah Patts	✓ Plaintiff/P	etitioner	☐ Cross Cor	nplainant
	Name of Party	 ☐ Defendan	nt/Respondent		•
		Other:	•		
		_			
Dated: 09/03/	2023	Saxa	uh Patts		
Dated. Gordon			of Declarant		
		Signature (	oi Deciaiaill		
		Sarah	Datte		
		Sarah Printed Na			
		riiiileu iva	IIIC		

Code Civ. Proc., § 170.6

Date

Rank and Full Name Street Address City, State and Zip Code

Honorable Judge's Name Street Address City, State and Zip Code

RE: Request for Stay of Proceedings Docket/Case No.: XXXXXXXXXX

Dear Honorable Judge's Name:

Pursuant to the Servicemembers' civil Relief ("SCRA") 50 U.S.C. App. Section 522, this letter is my formal written request for a stay of proceedings, in the above referenced case. I am currently serving on active duty with the Branch of Armed Forces.

I am unable to appear before this Court on the date of the scheduled hearing because (**briefly explain why you are unable to appear**). However, I am able to appear before this Court on or after (**Date**). I respectfully request this Court to stay the proceedings of this case until (**Date**). Unless the period of my military service is extended, I will be able to appear within 90 days after the date of termination of military service identified in the enclosed orders.

Please find the attached letter from my commanding officer.

If you have any questions or concerns, you may contact me at the above address, or my commanding officer's address on the attached letter.

Respectfully Submitted,

Rank and Full Name

Attachment(s):
Commanding Officer's Letter
Orders to Active Duty
Orders to Deploy

			VL-110
ATTORNEY OR PARTY WITHOUT ATTORNEY	STATE BAR NUMBER:		FOR COURT USE ONLY
NAME: Joey Jones FIRM NAME:			- Include VL-115
STREET ADDRESS: 112 Kingsley Drive			- include VL-115
CITY: Los Angeles	STATE: CA ZIP	CODE: 90027	
TELEPHONE NO.:	FAX NO.:	00021	
E-MAIL ADDRESS:			
ATTORNEY FOR (name):			
COURT OF APPEAL,	PPELLATE DISTRICT, DIV	ISION	
SUPERIOR COURT OF CALIFORNIA, CO STREET ADDRESS: 111 N Hill Street			
MAILING ADDRESS:  CITY AND ZIP CODE: Los Angeles, CA 900	112		
BRANCH NAME: Stanley Mosk Courth			
PLAINTIFF/PETITIONER: Joey Jones	T	la O:41a T4	
DEFENDANT/RESPONDENT: John Smith, OTHER:	Trustee, of the Jo	nn Smith Trust	
	T TO EU E		
NEW LITIGATION BY	ST TO FILE VEXATIOUS LITICA	NT	
		mall Claims	CASE NUMBER:
		ther	Fill in your Case Number
I have been determined to be a vexation			•
represented by an attorney. Filing new li application, or motion (except a discover)  2. I have attached to this request a copy of judge of the above court to file this docu  SC-100 Plaintiff's Claim and 0	the document to be filed ment (name of document	nily or Probate Code.  d and I request approve  t):	al from the presiding justice or presiding
3. The new filing has merit because (Provious have suffered or will suffer; and the removal of the suffered or will suffer.)		· · · · · · · · · · · · · · · · · · ·	claim is based; the harm you believe you
after 21 days. I have contacted the r	nanager of the proper	ty and have received	5 failed to return my security deposit d no response. The apartment was left in e my landlord is keeping my deposit in
4. The new filing is not being filed to harass	s or to cause a delay bed	cause (give reasons):	
I am just trying to recover my securi	ry deposit.		
I declare under penalty of perjury under the	laws of the State of Calif	ornia that the foregoin	g is true and correct.
Date: 01/24/2024			
Joey Jones		<b>)</b>	Joey Jones
(TYPE OR PRINT NAME)		<u> </u>	(SIGNATURE)
- 4 0 0 11			Page 1 of 1
Form Approved for Optional Use	DECHECT		Code of Civil Procedure 8 391 7

Form Approved for Optional Use Judicial Council of California VL-110 [Rev. September 1, 2018] For your protection and privacy, please press the Clear

REQUEST TO FILE **NEW LITIGATION BY VEXATIOUS LITIGANT**  Code of Civil Procedure, § 391.7 www.courts.ca.gov

## Request to Correct or Cancel **Judgment and Answer (Small Claims)**

Request

This form is used to ask the court to correct or cancel a small claims judgment. You must file this form no later than 30 days after the clerk mailed Form SC-130, *Notice of Entry of Judgment*. Filing this form does **not** extend the deadline to file an appeal.

If you are the person asking the court to correct or cancel a **judgment**, fill out (1) – (5) on this page, then file it at the clerk's office. The clerk will mail a copy of the form to all other plaintiffs and defendants in your case. The court will give the other plaintiffs and defendants at least 10 days to answer this Request. The court will mail its decision to you or tell you to go to a court hearing. If you did not go to the trial, you must use Form SC-135, Notice of Motion to Vacate Judgment and Declaration.

If you receive this form, read below, then fill out (6) through (9) on page 2.

The o	ourt will mail its decision to you or tell y	you to go to a court hearing.	111 N Hill St Los Angeles, CA 90012
1	The person asking the court to	correct or cancel a	Fill in your case number and case name below:
	judgment is:		Case Number:
	Name: Mary Hopkins		_ Fill in your Case Number
	Address: 757 White Oak Avenue, Los Ange	eles. CA 90017	
	Check one:  A defendant in this cas		Case Name:
	✓ A plaintiff in this case		Em. O. N.
2	Notice to:		Fill in your Case Name
	(List names and addresses of all other defen	dants and plaintiffs in your case.)	
	Name	Address	
	a. Bryan Smith	878 Vanowen Street, Studio City,	CA 91604
	b. Susan Jones	123 Bird Lane, Los Angeles, CA 9	0018
	c		
	d		
$\overline{}$	Check here if you need more space. Use	Form MC-031 or a plain sheet of po	aper. Write "SC-108, Item 2" on top.
(3)	I ask the court to (check one):		
$\cup$	a. Correct the following clerical error	or in the judgment.	
	List the error: Brian Smith		
	Change to: Bryan Smith		
		eeded: Incorrect spelling of the defe	ndant's name was listed on the judgment and I
	will be unable to collect the judgmen		
	b.  Cancel the judgment because the	court applied the wrong law to the	is case. (Explain):
	Check here if you need more space. Use	Form MC-031 or a plain sheet of pa	aper. Write "SC-108, Item 3" on top.
4	In making its order, I ask the court to co	1 0 1	-
•	holds a hearing, the evidence presented a		, ,
<b>5</b> )	I declare under penalty of perjury under	_	rmation above and on all attachments is
	true and correct.		
	Date: 04/16/2024		
	Mary Hopkins	► Ma	vy Hopkins
	Type or print your name	 Sign vour	ry Hoʻpkins rname

Clerk stamps date here when form is filed. Must be filed within 30 days of Notice of Entry of Judgment being mailed

Fill in court name and street address:

Superior Court of California, County of Fill in Court Name and Address Example: Superior Court of California, County of Los Angeles Stanley Mosk Courthouse

Till itt your oddo tidilibor diid oddo tidilio bolov	••
Case Number:	
Fill in your Case Number	
Case Name:	
Fill in your Case Name	

## Request to Correct or Cancel **Judgment and Answer (Small Claims)**

#### Answer

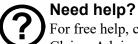
The person listed in (1) on page 1 of this form has asked the court to correct or cancel the judgment in your small claims case.

Follow these steps to tell the court what you want to do about this request:

- Read page 1 to see what the person in (1) is asking for.
- Fill out **(6**)– **(9**) below.
- Mail your completed form to the court right away.
- Mail a copy of this form to each plaintiff and defendant listed in (1) and (2) on page 1 of this form.

(2	on page 1 of this form.	Fill in court name and street address:	
after	court will mail its decision to all plaintiffs and defendants at least 10 days the <i>Request</i> was mailed. If you do nothing, the court may make the order out hearing from you.	Superior Court of California, County of Fill in your Court name and address Example: Superior Court of California,	
6	The person filing this answer is:  Name: Bryan Smith  Address: 878 Vanowen Steet, Studio City, CA 91604	County of Los Angeles Stanley Mosk Courthouse 111 N Hill St Los Angeles, CA 90012	
7	Check one: ✓ A defendant in this case ☐ A plaintiff in this case  Tell the court what you want to do about the request.  (Check all that apply):  a. ✓ I agree to the correction requested in ③ a.  b. ☐ I agree to the cancellation of judgment requested in ③ b.  c. ☐ I do not agree with the request in ③ a. (Explain):	Case Number: Fill in your Case Number Case Number: Fill in your Case Number Case Name: Fill in your Case Name	
	d.   I do not agree with the request in 3 b. (Explain):  e.   I ask the court to have a hearing to decide this matter.  Check have if you need more space. Use Form MC 031 or a plain sheet of pa	nar Writa "SC 108 Itam 7" on ton	
8	☐ Check here if you need more space. Use Form MC-031 or a plain sheet of paper. Write "SC-108, Item 7" on top.  I mailed a copy of this form to everyone listed in 1 and 2 of this form on (date): 04/22/2023		
9	I declare under penalty of perjury under California state law that the informative and correct.  Date: 04/22/2023  Bryan Smith	nation above and on all attachments is  yan Smith	

Type or print your name



For free help, contact your county's Small Claims Advisor:

Or, go to "County-Specific Court Information" at: www.courts.ca.gov/selfhelp-smallclaims.htm

Sign your name

*The clerk fills out below.* 

Clerk stamps date here when form is filed.

— Clerk's Certificate of Mailing —

I certify that I am not involved in this case and (check one):

☐ A Certificate of Mailing is attached.

The Request to Correct or Cancel Judgment and Answer
was mailed first class, postage paid, to all parties at the
addresses listed in (2).

on (aate):	
From (city):	, Californi
Clerk, by	, Deputy

Revised July 1, 2011

**Request to Correct or Cancel Judgment and Answer** (Small Claims)

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Clear this form

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

Print this form

Save this form

## Request to Correct or Cancel **Judgment and Answer (Small Claims)**

Request

This form is used to ask the court to correct or cancel a small claims judgment. You must file this form no later than 30 days after the clerk mailed Form SC-130, *Notice of Entry of Judgment*. Filing this form does **not** extend the deadline to file an appeal.

If you are the person asking the court to correct or cancel a **judgment**, fill out (1) – (5) on this page, then file it at the clerk's office. The clerk will mail a copy of the form to all other plaintiffs and defendants in your case. The court will give the other plaintiffs and defendants at least 10 days to answer this Request. The court will mail its decision to you or tell you to go to a court hearing. If you did not go to the trial, you must use Form SC-135, Notice of Motion to Vacate Judgment and Declaration.

If you receive this form, read below, then fill out (6) through (9) on page 2.

The court will mail its decision to you or tell you to go to a court hearing.			111 N Hill St	
<b>(1</b> )	The person asking the court to	correct or cancel a	Los Angeles, CA 90012  Fill in your case number and case name below:	
$\bigcirc$	judgment is:		Case Number:	
	Name: Jones Bradley		Fill in your Case Number	
	Address: 575 Oakland Drive, Los Angeles,	CA 90017		
	Check one: A defendant in this case		Case Name:	
	✓ A plaintiff in this case		Fill in common Name	
<b>(2</b> )	Notice to:		Fill in your Case Name	
$\bigcirc$	(List names and addresses of all other defendants and plaintiffs in your case.)			
	Name	Address		
	a. Harry Waters 123 Bird Lane, Studio City, CA 91604		04	
	b. Sarah Watts	678 Java Drive, Los Angeles, CA 9	0017	
	c			
	d			
	a. Correct the following clerical error:  List the error:  Change to:  Explain why this correction is ne			
		I was entitled to damages up to \$1,50	00 for the defendant writing me a bad check.	
	The judge forgot to include the damages for the bad check in the judgment, The bad check was for \$2,000 plus damages of \$1,500. Total judgment \$3,500			
$\bigcirc$	Check here if you need more space. Use Form MC-031 or a plain sheet of paper. Write "SC-108, Item 3" on top.			
<b>(4</b> )	In making its order, I ask the court to con		n, any records on file, and, if the court	
	holds a hearing, the evidence presented at that hearing.			
<b>(5)</b>	I declare under penalty of perjury under California state law that the information above and on all attachments is			
_	true and correct.			
	Date: 04/16/2023	V Canal	Bradley	
	Jones Bradley	y fones	Bradley name	
	Type or print your name	Sign your i	<i>1</i> ате	

Must be filed within 30 days of Notice of Entry of Judgment being mailed

Clerk stamps date here when form is filed.

Fill in court name and street address:

Superior Court of California, County of Fill in Court Name and Address Example: Superior Court of California, County of Los Angeles Stanley Mosk Courthouse

Case Number:	
Fill in your Case Number	
Case Name:	
Fill in your Case Name	

## **Request to Correct or Cancel Judgment and Answer (Small Claims)**

#### Answer

The person listed in (1) on page 1 of this form has asked the court to correct or cancel the judgment in your small claims case.

Follow these steps to tell the court what you want to do about this request:

- Read page 1 to see what the person in (1) is asking for.
- Fill out **(6**)– **(9**) below.
- Mail your completed form to the court right away.
- Mail a copy of this form to each plaintiff and defendant listed in (1) and (2) on page 1 of this form.

The court will mail its decision to all plaintiffs and d after the <i>Request</i> was mailed. If you do nothing, the without hearing from you.	I Fill in view Count name and address		
The person filing this answer is:  Name: Bryan Smith  Address: 878 Vanowen Steet, Studio City, CA 916	County of Los Angeles Stanley Mosk Courthouse 111 N Hill St		
Check one:	Fill in visual and a second and		
7 Tell the court what you want to do al (Check all that apply):	Case Number: Fill in your Case Number		
a.   I agree to the correction requested in   3	a. Case Name:		
<ul> <li>b.</li></ul>	Tim in your odes reams		
d. I do not agree with the request in 3 b.  The plaintiff never sent me a written demand damages.	(Explain): d for payment of the bad check. Therefore she is not entitled to triple		
e.   I ask the court to have a hearing to deci	e.   I ask the court to have a hearing to decide this matter.		
Check here if you need more space. Use Form.	☐ Check here if you need more space. Use Form MC-031 or a plain sheet of paper. Write "SC-108, Item 7" on top.		
8 I mailed a copy of this form to everyone listed	in <b>1</b> and <b>2</b> of this form on <i>(date)</i> : <u>04/22/2023</u>		
true and correct.	I declare under penalty of perjury under California state law that the information above and on all attachments is true and correct.		
Date: 04/22/2023	🅟 Bryan Smith		
Bryan Smith			
Type or print your name	Sign your name		
Need help?	The clerk fills out below.		

Or, go to "County-Specific Court Information" at: www.courts.ca.gov/selfhelp-smallclaims.htm

For free help, contact your county's Small

, Deputy SC-108, Page 2 of 2

Clerk stamps date here when form is filed.

Fill in court name and street address:

— Clerk's Certificate of Mailing — I certify that I am not involved in this case and (check one):

The Request to Correct or Cancel Judgment and Answer was mailed first class, postage paid, to all parties at the

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, California

Revised July 1, 2011

Clear this form

addresses listed in (2).

On (date):

Clerk, by

☐ A Certificate of Mailing is attached.

From (city):

## **Request for Court Order and Answer** (Small Claims)

### Request

This form is used to ask the court to make an order before or after the trial in a small claims case. The court will notify all plaintiffs and defendants in this case about its decision by mail, at the trial, or at a hearing (depending on when the request is filed).

If you are the person asking the court to make an order, ask the Small Claims Advisor if this is the right form for the kind of order you want. If so, follow these steps:

- Fill out page 1 of this form and file it at the clerk's office.
- If you are making this request before your trial, you must mail (or deliver in person) a copy of this form to all other plaintiffs and defendants in your case. Exception: If the plaintiff's claim has not been served, you do not have to serve this request on the other plaintiffs and defendants in your
- If you are making this request *after* the judge has decided your case, the clerk will mail a copy of this form to all other plaintiffs and defendants in your case. The court will give the other plaintiffs and defendants at least 10 days to answer this Request.

If you receive this form, read below, then fill out (7) on page 2.

- No fee, can be filed at any time If before or after trial, court will notify other party

Clerk stamps date here when form is filed.

 While case is pending litigant must send copy to other party

Fill in court name and street address:

Superior Court of California, County of Fill in Court Name and Address Example: Superior Court of California, County of Los Angeles Stanley Mosk Courthouse 111 N Hill St

Los Angeles, CA 90012

Fill in your case number and case name below:		
Case Number:		
Fill in your Case Number		

(1)	The person asking the court to make an order is:		Case Name:	
	Name: Joe Shmoe		Fill in your Case Name	
	Address: 123 Bird Lane, Los Angeles, CA 90000			
	Check one: ☐ A defendant in this case ☑ ☐ Other (explain):	A plaintiff in this case		
<b>(2</b> )	Notice to: (List names and addresses of all other defendants and plaintiffs in your case.)			
$\bigcirc$	Name	Address	,	
	a. Jane Doe	234 Any St. Los Angeles, C	A 90000	
	b.			
	c.			
	Check here if you need more space. Use Form MC-031 or a plain sheet of paper. Write "SC-105, Item 2" on top.			
	If your request is made before the trial and after the claim was served, fill out below:			
	I ☐ mailed ☐ delivered in person a	* *	one listed in <b>②</b> on ( <i>date</i> ):	
(3)	I ask the court to make the following	order (specify):		
	Motion for reconsideration			
	☐ Check here if you need more space. Use Form M		er. Write "SC-105, Item 3" on top.	
<b>(4</b> )	I ask for this order because (explain and	give facts of your case here):		
	I feel that I lost this case due to lack of evidenc. I request that the court reconsider this decision due to the fact that I now have			
	new evidence to present. I have received a report from the Health Departmen, which proves that the dwelling is, in fact,			
	uninhabitable.			
	☐ Check here if you need more space. Use Form MC-031 or a plain sheet of paper. Write "SC-105, Item 4" on top.			
<b>(5)</b>	In making its order, I ask the court to consider the		, any records on file, and, if the court	
	holds a hearing, the evidence presented at that he	•		
<b>(6</b> )	I declare under penalty of perjury under Californ	nia state law that the inform	ation above and on all attachments is	
Date	true and correct.: 01/01/2023			
	Shmoe	. Foe &	Thmoe	
Type	or print your name	Sign your n	ате	

#### Clerk stamps date here when form is filed. **Request for Court Order and Answer** SC-105 (Small Claims) - No fee, must be filed within 15 days of receiving request **Answer** The person listed in (1) on page 1 of this form has asked the court to make an order in your small claims case. Follow these steps to tell the court what you want to do about this request: • Read page 1 to see what the person in (1) is asking for. Fill out (7) below. • Mail your completed form to the court right away. • Mail a copy of this form to each plaintiff and defendant listed in (1) and Fill in court name and street address: (2) on page 1 of this form. Superior Court of California, County of Fill in Court Name and Address The court will mail its decision to all plaintiffs and defendants in this case or Example: will make a decision at a court hearing or trial. Superior Court of California, County of Los Angeles Stanley Mosk Courthouse If you do nothing, the court may make the order without hearing from you. 111 N Hill St Los Angeles, CA 90012 The person filing this answer is: Fill in your case number and case name below. Name: Jane Doe Case Number: Address: 234 Any St. Los Angeles, CA 90000 Fill in your Case Number Check one: ✓ A defendant in this case ☐ A plaintiff in this case Case Name: Tell the court what you want to do about this request. Fill in your Case Name (Check all that apply): a. $\square$ I agree to the order requested in (3). b. $\square$ I do not agree to the order requested in (3). (Explain below:) I feel that this motion should not be granted because the dwelling is not uninhabitable. I do not believe that this report will have any bearing on this case, and request that the motion be denied. ☐ Check here if you need more space. Use Form MC-031 or a plain sheet of paper. Write "SC-105, Item 8" on top. c. I ask the court to have a hearing to decide this matter. I mailed a copy of this form to everyone listed in (1) and (2) of this form on (date): 01/25/2023 I declare under penalty of perjury under California state law that the information above and on all attachments is true and correct. Date: 01/26/2023 **)** Jane Doe Jane Doe *Type or print your name If the request on page 1 was made after the hearing,* Need help? the clerk fills out below. For free help, contact your county's Small Claims Advisor: —Clerk's Certificate of Mailing— I certify that I am not involved in this case and (check one): A Certificate of Mailing is attached. ☐ The Request for Court Order and Answer was Or, go to "County-Specific Court Information" at mailed first class, postage paid, to all parties at the

Request for Court Order and Answer (Small Claims)

SC-105, Page 2 of 2

Page 72

\_\_ , Deputy

Revised January 1, 2007

www.courtinfo.ca.gov/selfhelp/smallclaims

addresses listed in (2).

On (date): \_\_\_

From (city):\_\_\_\_\_\_, California

## **Request for Court Order and Answer** (Small Claims)

Request

This form is used to ask the court to make an order before or after the trial in a small claims case. The court will notify all plaintiffs and defendants in this case about its decision by mail, at the trial, or at a hearing (depending on when the request is filed).

If you are the person asking the court to make an order, ask the Small Claims Advisor if this is the right form for the kind of order you want. If so, follow these steps:

- Fill out page 1 of this form and file it at the clerk's office.
- If you are making this request before your trial, you must mail (or deliver in person) a copy of this form to all other plaintiffs and defendants in your case. Exception: If the plaintiff's claim has not been served, you do not have to serve this request on the other plaintiffs and defendants in your
- If you are making this request *after* the judge has decided your case, the clerk will mail a copy of this form to all other plaintiffs and defendants in your case. The court will give the other plaintiffs and defendants at least 10 days to answer this Request.

If you receive this form, read below, then fill out (7) on page 2.

Clerk stamps date here when form is filed. No fee, can be filed at any time If before or after trial, court will notify other party

 While case is pending litigant must send copy to other party

Fill in court name and street address:

Superior Court of California, County of Fill in Court Name and Address Example: Superior Court of California, County of Los Angeles Stanley Mosk Courthouse 111 N Hill St

Los Angeles, CA 90012 Fill in your case number and case name below.

This is your oddo marrider	uma	cacc	Hanne	DCIOV
Case Number:				

Fill in your Case Number

1	The person asking the court to make a Name: Joe Shmoe	an order is:	Case Name:		
	Address: 123 Bird Lane, Los Angeles, CA 90000		Fill in your Case Name		
	Check one: ☐ A defendant in this case ☑ ☐ Other (explain):	A plaintiff in this case	-		
2	Notice to: (List names and addresses of all other		our case.)		
	Name	Address			
	a. Jane Doe	234 Any St. Los Angeles, C	CA 90000		
	b				
	c				
	☐ Check here if you need more space. Use Form Mo	C-031 or a plain sheet of pap	er. Write "SC-105, Item 2" on top.		
	If your request is made before the trial and after				
	I ☐ mailed ☐ delivered in person a	copy of this form to every	one listed in (2) on (date):		
(3)	I ask the court to make the following order (specify):				
	Motion to vacate the dismissal				
	☐ Check here if you need more space. Use Form MC-031 or a plain sheet of paper. Write "SC-105, Item 3" on top.				
<b>(4)</b>	I ask for this order because (explain and g	give facts of your case here):			
<u> </u>	I received notification that my case was dismissed be	cause I failed to appear at the	e appeal hearing. I never received notification		
	from the court of a court date for the appeal. For this reason, I ask that the court vacate the dismissal of my case and re-calendar				
	the appeal.				
	☐ Check here if you need more space. Use Form Mo	C-031 or a plain sheet of pap	er. Write "SC-105, Item 4" on top.		
<b>(5)</b>	In making its order, I ask the court to consider th		-		
	holds a hearing, the evidence presented at that he				
<b>6</b>	I declare under penalty of perjury under Californ	ia state law that the inform	nation above and on all attachments is		
<u> </u>	true and correct.				
	01/01/2023	Vac 6	Throng		
	chmoe	Cion your	AGMA		
rype	or print your name	Sign your r	шпс		

## **Request for Court Order and Answer** (Small Claims)

Request

This form is used to ask the court to make an order before or after the trial in a small claims case. The court will notify all plaintiffs and defendants in this case about its decision by mail, at the trial, or at a hearing (depending on when the request is filed).

If you are the person asking the court to make an order, ask the Small Claims Advisor if this is the right form for the kind of order you want. If so, follow these steps:

- Fill out page 1 of this form and file it at the clerk's office.
- If you are making this request before your trial, you must mail (or deliver in person) a copy of this form to all other plaintiffs and defendants in your case. Exception: If the plaintiff's claim has not been served, you do not have to serve this request on the other plaintiffs and defendants in your
- If you are making this request *after* the judge has decided your case, the clerk will mail a copy of this form to all other plaintiffs and defendants in your case. The court will give the other plaintiffs and defendants at least 10 days to answer this Request.

If you receive this form, read below, then fill out (7) on page 2.

Clerk stamps date here when form is filed. - No fee, can be filed at any time If before or after trial, court will notify other party

 While case is pending litigant must send copy to other party

Fill in court name and street address:

Superior Court of California, County of Fill in Court Name and Address Example: Superior Court of California, County of Los Angeles Stanley Mosk Courthouse 111 N Hill St

Los Angeles, CA 90012 Fill in your case number and case name below:

Case Number 1	r: case Number
Case Name: Fill in you	Case Name

Name: Joe Shmoe	rt to make an order is:  Case Name: Fill in your Case	se Name			
Address: 123 Bird Lane, Los Angeles	· · · · · · · · · · · · · · · · · · ·				
Check one: A defendant in  Other (explain)	this case  A plaintiff in this case				
	ses of all other defendants and plaintiffs in your case.) Address				
a. Jane Doe	234 Any St. Los Angeles, CA 90000				
b					
c.					
Check here if you need more space	e. Use Form MC-031 or a plain sheet of paper. Write "SC-105, It	em 2" on top.			
If your request is made before the	trial and after the claim was served, fill out below:				
I ☐ mailed ☐ delivered	n person a copy of this form to everyone listed in <b>2</b> ) o	n ( <i>date</i> ):			
(3) I ask the court to make the	following order (specify):				
Motion for clarification					
	e. Use Form MC-031 or a plain sheet of paper. Write "SC-105, It	em 3" on top.			
(4) I ask for this order because	I ask for this order because (explain and give facts of your case here):				
I sued for \$5,000 but I was only award	I sued for \$5,000 but I was only awarded \$745.50 I felt that I provided adequate proof that I incurred \$5,000 in damages.I would				
like an explanation of how the amount of my judment was determined.					
Check here if you need more space	e. Use Form MC-031 or a plain sheet of paper. Write "SC-105, It	em 4" on top.			
( )	to consider the information on this form, any records on fil	e, and, if the court			
holds a hearing, the evidence prese	S C C C C C C C C C C C C C C C C C C C				
	inder California state law that the information above and on	11 44 1 4 .			
true and correct		all attachments is			
true and correct.  Date: 01/01/2023		all attachments is			
	Joe Shmoe	all attachments is			

## Request for Court Order and Answer (Small Claims)

## Request

This form is used to ask the court to make an order before or after the trial in a small claims case. The court will notify all plaintiffs and defendants in this case about its decision by mail, at the trial, or at a hearing (depending on when the request is filed).

If you are the person asking the court to make an order, ask the Small Claims Advisor if this is the right form for the kind of order you want. If so, follow these steps:

- Fill out page 1 of this form and file it at the clerk's office.
- If you are making this request before your trial, you must mail (or deliver in person) a copy of this form to all other plaintiffs and defendants in your case. Exception: If the plaintiff's claim has not been served, you do not have to serve this request on the other plaintiffs and defendants in your
- If you are making this request after the judge has decided your case, the clerk will mail a copy of this form to all other plaintiffs and defendants in your case. The court will give the other plaintiffs and defendants at least 10 days to answer this Request.

If you receive this form, read below, then fill out (7) on page 2. The person asking the court to make an order is:

 No fee, can be filed at any time If before or after trial, court will notify other party While case is pending litigant must send copy to other party

Clerk stamps date here when form is filed.

Fill in court name and street address:

Superior Court of California, County of Fill in Court Name and Address Example: Superior Court of California, County of Los Angeles Stanley Mosk Courthouse 111 N Hill St

Los Angeles, CA 90012

Fill in your case number and case name below:
Case Number:
Fill in vour Case Number

Case Name.
 Fill in your Case Name

Name: Paul Jones		Fill in your Case Name			
Address: 456 Goodland Avenue, Los Angeles, CA	90012				
Check one: ☐ A defendant in this case ☐ Other (explain):					
(2) Notice to: (List names and addresses of all othe	r defendants and plaintiffs in you	ur case.)			
Name	Address				
a. Susan Burke	987 Woodman Street, Los Ar	ngeles, CA 90011			
b.					
c.					
Check here if you need more space. Use Form M	—	: Write "SC-105, Item 2" on top.			
If your request is made before the trial and afte I ☐ mailed ☐ delivered in person	r the claim was served, fill ou a copy of this form to everyor				
(3) I ask the court to make the following	order (specify):				
Motion to amend judgment: to reflect the legal name of defendant, and/or name(s) actually used by defenda					
employment records and assets. Susan Burke AKA					
<ul><li>Check here if you need more space. Use Form M</li><li>1 ask for this order because (explain and</li></ul>		: Write "SC-105, Item 3" on top.			
To enable creditor to enforce the judgment. Evidence	To enable creditor to enforce the judgment. Evidence is attached to prove that Susan Burke is also known as Susana L. Burke.				
CCP 116.560					
<ul> <li>Check here if you need more space. Use Form M.</li> <li>In making its order, I ask the court to consider the holds a hearing, the evidence presented at that I.</li> </ul>	the information on this form, a	_			
<b>6</b> I declare under penalty of perjury under Califor true and correct.	nia state law that the informat	tion above and on all attachments is			
Date: 01/01/2023		<i>d</i> .			
Paul Jones	• Paul	<i>Fones</i>			
Type or print your name	Sign your na	me			

## **Request for Court Order and Answer** (Small Claims)

Request

This form is used to ask the court to make an order before or after the trial in a small claims case. The court will notify all plaintiffs and defendants in this case about its decision by mail, at the trial, or at a hearing (depending on when the request is filed).

If you are the person asking the court to make an order, ask the Small Claims Advisor if this is the right form for the kind of order you want. If so, follow these steps:

- Fill out page 1 of this form and file it at the clerk's office.
- If you are making this request before your trial, you must mail (or deliver in person) a copy of this form to all other plaintiffs and defendants in your case. Exception: If the plaintiff's claim has not been served, you do not have to serve this request on the other plaintiffs and defendants in your
- If you are making this request *after* the judge has decided your case, the clerk will mail a copy of this form to all other plaintiffs and defendants in your case. The court will give the other plaintiffs and defendants at least 10 days to answer this Request.

If you receive this form, read below, then fill out (7) on page 2.

 No fee, can be filed at any time If before or after trial, court will notify other party While case is pending litigant must send copy to other party

Clerk stamps date here when form is filed.

Fill in court name and street address:

Superior Court of California, County of Fill in Court Name and Address Example: Superior Court of California, County of Los Angeles Stanley Mosk Courthouse 111 N Hill St Los Angeles, CA 90012

Fill in your case number and case name below:

_	,		 	 
Γ	Case No	umber:		

Fill in your Case Number

(1)	The person asking the court to make an Name: Paul Jones	n order is:	Case Name:		
	Address: 456 Goodland Avenue, Los Angeles, CA 900	)12	Fill in your Case Name		
	Check one: ☐ A defendant in this case ☑ A ☐ Other (explain):				
2	Notice to: (List names and addresses of all other de	efendants and plaintiffs in yo Address	ur case.)		
	a. Top Construction	4753 W Avenue K 8., Lanca	ster, CA 93536		
	b				
	c				
	☐ Check here if you need more space. Use Form MC-	031 or a plain sheet of pape	r. Write "SC-105, Item 2" on top.		
	If your request is made before the trial and after the				
	I mailed delivered in person a copy of this form to everyone listed in <b>2</b> on ( <i>date</i> ):				
(3)	I ask the court to make the following or				
	Motion to amend judgment to reflect the legal name of b	ousiness: Top Construction A	AKA Aliano Construction, Inc. DBA Top		
	Construction				
		0.21	H #66 105 1		
	Check here if you need more space. Use Form MC-		r. Write "SC-105, Item 3" on top.		
4	I ask for this order because (explain and give facts of your case here):  To enable creditor to enforce the judgment. Evidence is attached to prove that Top Construction is also known as Aliano				
	Construction, Inc. DBA Top Construction. (CCP 116.56)		Construction is also known as Aliano		
	Construction, Inc. DBA Top Construction. (CCF 110.50)	0)			
	☐ Check here if you need more space. Use Form MC-031 or a plain sheet of paper. Write "SC-105, Item 4" on top.				
<b>(5</b> )	In making its order, I ask the court to consider the		_		
	holds a hearing, the evidence presented at that hear		any records on me, and, it the court		
<b>6</b> )	I declare under penalty of perjury under California	_	ation above and on all attachments is		
<u> </u>	true and correct.				
	: <u>01/01/2023</u> Jones	\ Paul	Janes		
	or print your name	Sign your no	ame		
- JPC		10 1 14			

## **Request for Court Order and Answer** (Small Claims)

Request

This form is used to ask the court to make an order before or after the trial in a small claims case. The court will notify all plaintiffs and defendants in this case about its decision by mail, at the trial, or at a hearing (depending on when the request is filed).

If you are the person asking the court to make an order, ask the Small Claims Advisor if this is the right form for the kind of order you want. If so, follow these steps:

- Fill out page 1 of this form and file it at the clerk's office.
- If you are making this request before your trial, you must mail (or deliver in person) a copy of this form to all other plaintiffs and defendants in your case. Exception: If the plaintiff's claim has not been served, you do not have to serve this request on the other plaintiffs and defendants in your
- If you are making this request after the judge has decided your case, the clerk will mail a copy of this form to all other plaintiffs and defendants in your case. The court will give the other plaintiffs and defendants at least 10 days to answer this Request.

If you receive this form, read below, then fill out (7) on page 2.

 No fee, can be filed at any time If before or after trial, court will notify other party While case is pending litigant must send copy to other party

Clerk stamps date here when form is filed.

Fill in court name and street address:

Superior Court of California, County of Fill in Court Name and Address Example: Superior Court of California, County of Los Angeles Stanley Mosk Courthouse 111 N Hill St

Fill in your case number and case name below:

Los Angeles, CA 90012

Case Number:				
Fill in your Case Number				
Till ill your Gaed Harriber				
Case Name:				
Fill in your Case Name				
1 III III your odoo rtarrio				
<del></del>				
our case.)				
anta Monica, CA 90404				
er. Write "SC-105, Item 2" on top.				
<u>.</u>				
ut below:				
one listed in (2) on (date):				
<u></u>				
ala Francistana AKA Tinala Francistana Barraia 9				
n's Furniture AKA Tim's Furniture Repair &				

1 The person asking the court to m	nake an order is:	Case Name:			
Name: Paul Jones		Fill in your Case Name			
Address: 456 Goodland Avenue, Los Angeles	s, CA 90012				
Check one: A defendant in this case Other (explain):	e 🗸 A plaintiff in this case				
2 Notice to: (List names and addresses of all	other defendants and plaintiffs in y	our case.)			
Name	Address				
a. Tim Allen DBA Tim's Furniture	1001 Santa Monica Blvd., S	Santa Monica, CA 90404			
b.					
c.					
Check here if you need more space. Use Fo	orm MC 031 or a plain sheet of pan	or Write "SC-105 Item 2" on ton			
	1 011	•			
I mailed delivered in person	If your request is made before the trial and after the claim was served, fill out below:  I $\square$ mailed $\square$ delivered in person a copy of this form to everyone listed in $(2)$ on $(date)$ :				
	**	one fisted in (2) on (aute).			
(3) I ask the court to make the follow	•				
Motion to amend judgment to reflect the legal r	name of business: Tim Allen DBA Tir	n's Furniture AKA Tim's Furniture Repair &			
Upholstery	Upholstery				
Check here if you need more space. Use Fo	☐ Check here if you need more space. Use Form MC-031 or a plain sheet of paper. Write "SC-105, Item 3" on top.				
	I ask for this order because (explain and give facts of your case here):				
		ousiness name was changed, but is owed by			
the same person. (CCP 116.560) (b)	To enable creditor to enforce the judgment. Evidence is attached to prove that the business name was changed, but is owed by the same person. (CCP 116 560) (b)				
and dame percent. (CCT 110.000) (E)					
Chack have if you need more space. Use F	Chack have if you need more space. Here Form MC 021 on a plain shoot of paper. Write "SC 105, How 4" on top				
<u> </u>	Check here if you need more space. Use Form MC-031 or a plain sheet of paper. Write "SC-105, Item 4" on top.  In making its order, I ask the court to consider the information on this form, any records on file, and, if the court				
(5) In making its order, I ask the court to cons holds a hearing, the evidence presented at		, any records on me, and, if the court			
<b>6</b> I declare under penalty of perjury under Ca	_	ation above and an all attachments is			
true and correct.	informa state law that the inform	ation above and on an attachments is			
Date: 01/01/2023		_			
Paul Jones	- Paul	Jones			
Type or print your name	Sign your n				

## **Request for Court Order and Answer** (Small Claims)

Request

This form is used to ask the court to make an order before or after the trial in a small claims case. The court will notify all plaintiffs and defendants in this case about its decision by mail, at the trial, or at a hearing (depending on when the request is filed).

If you are the person asking the court to make an order, ask the Small Claims Advisor if this is the right form for the kind of order you want. If so, follow these steps:

- Fill out page 1 of this form and file it at the clerk's office.
- If you are making this request before your trial, you must mail (or deliver in person) a copy of this form to all other plaintiffs and defendants in your case. Exception: If the plaintiff's claim has not been served, you do not have to serve this request on the other plaintiffs and defendants in your
- If you are making this request after the judge has decided your case, the clerk will mail a copy of this form to all other plaintiffs and defendants in your case. The court will give the other plaintiffs and defendants at least 10 days to answer this Request.

Clerk stamps date here when form is filed. - No fee, can be filed at any time If before or after trial, court will notify other party

 While case is pending litigant must send copy to other party

Fill in court name and street address:

Superior Court of California, County of Fill in Court Name and Address Example: Superior Court of California, County of Los Angeles Stanley Mosk Courthouse 111 N Hill St

Los Angeles, CA 90012 Fill in your case number and case name below:

	case maniber	and case	Haille	DEIOV
Case Nu	ımber:			

Fill in your Case Number

If yo	<b>u receive this form,</b> read below, then fill out	(7) = (10) on page 2.	I ili ili your oaso itali	iboi		
<b>1</b>	The person asking the court to make	an order is:	Case Name:			
	Name: Mary Jones		Fill in your Case I	Name		
	Address: 789 Walnut St., Downey, CA 90242					
	Check one: ☐ A defendant in this case ✓	A plaintiff in this case				
	Other (explain):					
(2)	<b>Notice to:</b> (List names and addresses of all other		our case.)			
	Name Address					
	a. Brian Parker	456 Valley St., Los Angeles	, CA 90048			
	b	_				
	c					
	☐ Check here if you need more space. Use Form M	IC-031 or a plain sheet of pape	er. Write "SC-105, Item .	2" on top.		
	If your request is made before the trial and after the claim was served, fill out below:					
	I mailed delivered in person a copy of this form to everyone listed in <b>2</b> on ( <i>date</i> ):					
(3)	I ask the court to make the following order (specify):					
	Motion for an Assignment Order to have the rents from the tenants at 123 Moon St., Los Angeles, CA 90012 assigned to the					
	creditor, Mary Jones. The property at 123 Moon St., Los Angeles, CA 90012 is owned by the debtor, Brian Parker. Copy of					
	ownership information from the Tax Assessor is atta	ched, CCP 708.510.				
	☐ Check here if you need more space. Use Form M		er. Write "SC-105, Item	3" on top.		
<b>(4</b> )	l ask for this order because (explain and give facts of your case here):					
	The debtor has not yet paid the judgment and this request is necessary in order to collect the judgment.					
	☐ Check here if you need more space. Use Form MC-031 or a plain sheet of paper. Write "SC-105, Item 4" on top.					
(5)	In making its order, I ask the court to consider t		, any records on file, a	nd, if the court		
	holds a hearing, the evidence presented at that h	_	1 1 11	1		
<b>(6</b> )	I declare under penalty of perjury under Califortrue and correct.	nia state law that the inform	ation above and on all	attachments is		
Date	: 01/01/2023					
Mary	Jones	- Mary	y, Jones			
Туре	or print your name	Sign your n	ате			
Judicial	Council of California, www.courts.ca.gov Request for	Court Order and Ansv	ver	<b>SC-105,</b> Page 1 of		

## **Request for Court Order and Answer** (Small Claims)

Clerk stamps date here when form is filed.

If before or after trial, court will

send copy to other party

notify other party

No fee, can be filed at any time

While case is pending litigant must

Request

This form is used to ask the court to make an order before or after the trial in a small claims case. The court will notify all plaintiffs and defendants in this case about its decision by mail, at the trial, or at a hearing (depending on when the request is filed).

Small Claims Advisor if this is the right form for the kind of order you want. If

- deliver in person) a copy of this form to all other plaintiffs and defendants in your case. Exception: If the plaintiff's claim has not been served, you do not have to serve this request on the other plaintiffs and defendants in your
- clerk will mail a copy of this form to all other plaintiffs and defendants in days to answer this Request.

If you receive this form, read below, then fill out (7) on page 2.

If you are the person asking the court to make an order, ask the so, follow these steps: • Fill out page 1 of this form and file it at the clerk's office. Fill in court name and street address: • If you are making this request before your trial, you must mail (or Superior Court of California, County of Fill in Court Name and Address Example: Superior Court of California. County of Los Angeles Stanley Mosk Courthouse If you are making this request *after* the judge has decided your case, the 111 N Hill St Los Angeles, CA 90012 your case. The court will give the other plaintiffs and defendants at least 10 Fill in your case number and case name below: Case Number: Fill in your Case Number The person asking the court to make an order is: Case Name: Name: Park Chiropractic DBA Yun Chiropractic Fill in your Case Name Address: 200 Wilshire Blvd #20., Los Angeles, CA 90010 Check one: ☐ A defendant in this case ☑ A plaintiff in this case ☐ Other (*explain*): **Notice to:** (*List names and addresses of all other defendants and plaintiffs in your case.*) Name Address 49 Oaktree Lane, Rolling Hills, CA 90274 a. Anna Kim b. Check here if you need more space. Use Form MC-031 or a plain sheet of paper. Write "SC-105, Item 2" on top. If your request is made before the trial and after the claim was served, fill out below: I ☐ mailed ☐ delivered in person a copy of this form to everyone listed in (2) on (date): I ask the court to make the following order (specify): Motion for an Assignment Order to have the commission from the Keller William Realty at 500 Valley Dr. #300, Rolling Hills, CA 90275 assigned to the creditor, Park Chiropractic. The Defendant is a real estate agent, copy of the defendant's license

information from the Dept. of Real Estate is attached. Check here if you need more space. Use Form MC-031 or a plain sheet of paper. Write "SC-105, Item 3" on top. l ask for this order because (explain and give facts of your case here):

The debtor never voluntarily paid and the judgment was only partially paid from 2 enforcements, this request is necessary in order to collect judgment.

- Check here if you need more space. Use Form MC-031 or a plain sheet of paper. Write "SC-105, Item 4" on top. In making its order, I ask the court to consider the information on this form, any records on file, and, if the court holds a hearing, the evidence presented at that hearing.
- I declare under penalty of perjury under California state law that the information above and on all attachments is true and correct.

Date: 01/01/2023

Yun Park

Type or print your name

## **Request for Court Order and Answer** (Small Claims)

## Request

This form is used to ask the court to make an order before or after the trial in a small claims case. The court will notify all plaintiffs and defendants in this case about its decision by mail, at the trial, or at a hearing (depending on when the request is filed).

If you are the person asking the court to make an order, ask the Small Claims Advisor if this is the right form for the kind of order you want. If so, follow these steps:

- Fill out page 1 of this form and file it at the clerk's office.
- If you are making this request before your trial, you must mail (or deliver in person) a copy of this form to all other plaintiffs and defendants in your case. Exception: If the plaintiff's claim has not been served, you do not have to serve this request on the other plaintiffs and defendants in your
- If you are making this request after the judge has decided your case, the clerk will mail a copy of this form to all other plaintiffs and defendants in your case. The court will give the other plaintiffs and defendants at least 10 days to answer this Request.

If you receive this form, read below, then fill out (7) on page 2.

- No fee, can be filed at any time If before or after trial, court will notify other party While case is pending litigant must send copy to other party

Clerk stamps date here when form is filed.

Fill in court name and street address:

Los Angeles, CA 90012

Superior Court of California, County of Fill in Court Name and Address Example: Superior Court of California, County of Los Angeles Stanley Mosk Courthouse 111 N Hill St

Fill in your case number and case name below:

1 The person asking the court to m	Case Name:					
Name: Joe Schmoe		Fill in your Case Name				
Address: 1234 Main Street, Los Angeles, CA	90001					
Check one: A defendant in this case   Other (explain):	A plaintiff in this case					
2 Notice to: (List names and addresses of all	other defendants and plaintiffs is	n your case.)				
Name	Address					
a. Jane Doe	5432 Second Street, Los	s Angeles, CA 90003				
b.						
c.						
Check here if you need more space. Use Fo	orm MC-031 or a plain sheet of p	paper. Write "SC-105, Item 2" on top.				
•	If your request is made before the trial and after the claim was served, fill out below:  I mailed delivered in person a copy of this form to everyone listed in (2) on (date):					
	= :	eryone listed in (2) on (date):				
$\bigcirc$	I ask the court to make the following order (specify):					
	Motion to modify the judgment to include the California Code of Civil Procedure that states, "This judgment results from a motor					
	vehicle accident on a California highway." (For judgment greater than \$1,000 use CCP Section 116.870; less than \$1,000 use Section 116.880)					
· · · · · · · · · · · · · · · · · · ·						
	Check here if you need more space. Use Form MC-031 or a plain sheet of paper. Write "SC-105, Item 3" on top.    ask for this order because (explain and give facts of your case here):					
This section of the CCP is required on the Notion	This section of the CCP is required on the Notice of Entry of Judgment in order to suspend a driver's license.					
· ·	, ,	•				
Check here if you need more space. Use Fo	orm MC-031 or a plain sheet of p	paper. Write "SC-105, Item 4" on top.				
(5) In making its order, I ask the court to consi	der the information on this fo					
holds a hearing, the evidence presented at t						
<b>6</b> I declare under penalty of perjury under Ca	lifornia state law that the info	rmation above and on all attachments is				
true and correct.  Date: 01/01/2024						
Joe Schmoe	Foe	Schmoe				
Type or print your name	Sign you	r name				
· - · ·						

## **Request for Court Order and Answer** (Small Claims)

## Request

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- Fill out page 1 of this form and file it at the clerk's office.
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- If you are making this request *after* the judge has decided your case, the clerk will mail a copy of this form to all other plaintiffs and defendants in your case. The court will give the other plaintiffs and defendants at least 10 days to answer this Request.

If you receive this form, read below, then fill out (7) on page 2.

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Clerk stamps date here when form is filed.

Fill in court name and street address:

Superior Court of California, County of Fill in Court Name and Address Example: Superior Court of California, County of Los Angeles Stanley Mosk Courthouse 111 N Hill St

Fill in your case number and case hai	me belov
Case Number:	

Fill in your Case Number

Los Angeles, CA 90012

<b>1</b>	The person asking the court to make a	Case Name:					
$\bigcirc$	Name: John Doe		Fill in your Case Name				
	Address: 2134 Main St., Los Angeles CA, 90002						
	Check one: ☐ A defendant in this case ☑ ☐ Other (explain):	A plaintiff in this case					
<b>(2</b> )	Notice to: (List names and addresses of all other of	defendants and plaintiffs in yo	our case.)				
$\cup$	Name	Address					
	a. Sam Smith	3354 South St., Los Angeles	s, CA 90000				
	b. Mary Smith 3354 South St., Los		s, CA 90000				
	c. A spouse must be noticed even if they are not a pa	arty in this case, in order to ga	arnish their wages.				
	Check here if you need more space. Use Form MO	C-031 or a plain sheet of pape	er. Write "SC-105, Item 2" on top.				
	If your request is made before the trial and after the claim was served, fill out below:						
_	I ☐ mailed ☐ delivered in person a	copy of this form to everyo	one listed in <b>(2)</b> on (date):				
(3)	I ask the court to make the following of	order (specify):					
$\cup$	Motion to garnish Non-Debtor Spouse's (Mary Smith), wages.						
_	☐ Check here if you need more space. Use Form MC	C-031 or a plain sheet of pape	er. Write "SC-105, Item 3" on top.				
<b>(4)</b>	l ask for this order because (explain and give facts of your case here):						
$\bigcirc$	The Judgment debtor has no available funds to collect, as a result I would like to collect my judgment from the non-debtor						
	spouse's wages which are viewed as community property under California law. (CCP 706.109)						
	☐ Check here if you need more space. Use Form MC-031 or a plain sheet of paper. Write "SC-105, Item 4" on top.						
<b>(5)</b>	In making its order, I ask the court to consider th	e information on this form,	any records on file, and, if the court				
$\overline{}$	holds a hearing, the evidence presented at that he	•					
	I declare under penalty of perjury under California	ia state law that the information	ation above and on all attachments is				
	true and correct. 01/01/2024						
John I	<del>-</del>	- John	Doe				
	or print your name	Sign your n	ame				
	<del>- ·</del>	<u> </u>					

#### Clerk stamps date here when form is filed. Request for Court Order and Answer SC-105 (Small Claims) Request This form is used to ask the court to make an order before or after the trial in a small claims case. The court will notify all plaintiffs and defendants in this case about its decision by mail, at the trial, or at a hearing (depending on when the request is filed). If you are the person asking the court to make an order, ask the Small Claims Advisor if this is the right form for the kind of order you want. If so, follow these steps: • Fill out page 1 of this form and file it at the clerk's office. Fill in court name and street address: • If you are making this request before your trial, you must mail (or Superior Court of California, County of deliver in person) a copy of this form to all other plaintiffs and defendants Fill in your Court name and address, in your case. Exception: If the plaintiff's claim has not been served, you do Example: Superior Court of California, not have to serve this request on the other plaintiffs and defendants in your County of Los Angeles Stanley Mosk Courthouse If you are making this request *after* the judge has decided your case, the 111 N Hill St Los Angeles, CA 90012 clerk will mail a copy of this form to all other plaintiffs and defendants in your case. The court will give the other plaintiffs and defendants at least 10 Fill in your case number and case name below: Case Number: days to answer this Request. Fill in your Case Number If you receive this form, read below, then fill out (7) on page 2. The person asking the court to make an order is: Case Name: Name: John Smith Fill in your Case Name Address: 2525 S Temple St., Los Angeles, CA 90012 Check one: ☐ A defendant in this case ✓ A plaintiff in this case Other (explain): **Notice to:** (*List names and addresses of all other defendants and plaintiffs in your case.*) Address Name 000 Wilshire Blvd Suite 100, Los Angeles, CA 90001 a. Corporation 000 Wilshire Blvd Suite 100, Los Angeles, CA 90001 b. LLC c. LP 000 Wilshire Blvd Suite 100, Los Angeles, CA 90001 Check here if you need more space. Use Form MC-031 or a plain sheet of paper. Write "SC-105, Item 2" on top. If your request is made before the trial and after the claim was served, fill out below: I mailed delivered in person a copy of this form to everyone listed in (2) on (date): I ask the court to make the following order (specify): I'm asking the court to allow service of the process on (Defendant's name) by delivering by hand to the CA Secretary of State two copies of the Plaintiff's Claim and one conformed copy of this order. Service of process shall be deemed complete on the 10th day after delivery of the process to the CA Sec. of State Check here if you need more space. Use Form MC-031 or a plain sheet of paper. Write "SC-105, Item 3" on top. l ask for this order because (explain and give facts of your case here): The (Defendant's name) Agent for Service cannot be located or does not exist. After due diligence, I have

☐ Check here if you need more space. Use Form MC-031 or a plain sheet of paper. Write "SC-105, Item 4" on top.

In making its order, I ask the court to consider the information on this form, any records on file, and, if the court holds a hearing, the evidence presented at that hearing.

Lideclare under penalty of periusy under California state law that the information above and on all attachments is

not been able to locate and serve the officers of (defendant's name)
(Attach a copy of the non-service notice from the Sheriff's office)

6 I declare under penalty of perjury under California state law that the information above and on all attachments is true and correct.

Date: 01/20/2024

John Smith



Type or print your name

## Request for Court Order and Answer (Small Claims)

Request

This form is used to ask the court to make an order before or after the trial in a small claims case. The court will notify all plaintiffs and defendants in this case about its decision by mail, at the trial, or at a hearing (depending on when the request is filed).

If you are the person asking the court to make an order, ask the Small Claims Advisor if this is the right form for the kind of order you want. If so, follow these steps:

- Fill out page 1 of this form and file it at the clerk's office.
- If you are making this request before your trial, you must mail (or deliver in person) a copy of this form to all other plaintiffs and defendants in your case. Exception: If the plaintiff's claim has not been served, you do not have to serve this request on the other plaintiffs and defendants in your
- If you are making this request *after* the judge has decided your case, the clerk will mail a copy of this form to all other plaintiffs and defendants in days to answer this Request.

Los Angeles, CA 90012 your case. The court will give the other plaintiffs and defendants at least 10 Fill in your case number and case name below: Case Number: If you receive this form, read below, then fill out (7) on page 2. Fill in your Case Number The person asking the court to make an order is: Case Name: Name: Jane Smith Fill in your Case Name Address: 1234 Hope Street Los Angeles, CA 90012 Check one: ☐ A defendant in this case ✓ A plaintiff in this case Other (*explain*): **Notice to:** (*List names and addresses of all other defendants and plaintiffs in your case.*) Address Name a. William Jones 654 Victory Avenue, Los Angeles, CA 90017 b. Check here if you need more space. Use Form MC-031 or a plain sheet of paper. Write "SC-105, Item 2" on top. If your request is made before the trial and after the claim was served, fill out below: I ☐ mailed ☐ delivered in person a copy of this form to everyone listed in (2) on (date): I ask the court to make the following order (specify): Motion for the court to enter judgment for the plaintiff in the amount of (balance due). Check here if you need more space. Use Form MC-031 or a plain sheet of paper. Write "SC-105, Item 3" on top. l ask for this order because (explain and give facts of your case here): The court retains jurisdiction pursuant to CCP.664.6 to enforce the full terms of settlement. Defendant breached the mediated agreement. Attached is a copy of the mediated agreement. (Make sure to acknowlwdge any payments by defendant). Check here if you need more space. Use Form MC-031 or a plain sheet of paper. Write "SC-105, Item 4" on top. In making its order, I ask the court to consider the information on this form, any records on file, and, if the court holds a hearing, the evidence presented at that hearing. I declare under penalty of perjury under California state law that the information above and on all attachments is true and correct. Date: 01/20/2024 Jane Smith Type or print your name

Clerk stamps date here when form is filed.

No fee, can be filed at any time if before or after trial, court will notify other party.

While case is pending litigant must send copy to other party

Fill in court name and street address:

Superior Court of California, County of Fill in Court Name and Address Example: Superior Court of California, County of Los Angeles Stanley Mosk Courthouse 111 N Hill St

- \$75 filing fee

Fill in Court Name and Address

SC-140 Name and Address of Court:

Example: Superior Court of California, County of Los Angeles SMALL CLAIMS CASE NO.: Fill in your Case Number Stanley Mosk Courthouse 111 N Hill St., Los Angeles, CA 90012 PLAINTIFF/DEMANDANTE (Name, address, and telephone number of each): DEFENDANT/DEMANDADO (Name, address, and telephone number of each): Gabriela Syed Jackson Pena 123 South Main St 456 West Plaza St Los Angeles, CA 90012 Los Angeles, CA 90012 Telephone No.: Telephone No.: Telephone No.: Telephone No.: See attached sheet for additional plaintiffs and defendants. NOTICE OF FILING NOTICE OF APPEAL TO: Plaintiff (name): Gabriela Syed Defendant (name): La decisión hecha por la corte para reclarnos judiciales me-Your small claims case has been APPEALED to the sunores en su caso ha sido APELADA antela corte superior. perior court. Do not contact the small claims court about No se ponga en contacto con la corte para reclamos this appeal. The superior court will notify you of the date judiciales menores acerca de esta apelación. La corte suyou should appear in court. The notice of appeal is set perior le notificarala fecha en que usted debe presentarse forth below. ante ella. El aviso de la apelación aparece a continuación. Date: , Deputy **NOTICE OF APPEAL** I appeal to the superior court, as provided by law, from the small claims judgment the denial of the motion to vacate the small claims judgment. DATE APPEAL FILED (clerk to insert date): Iackson Pena Jackson Pena (TYPE OR PRINT NAME) (SIGNATURE OF APPELLANT OR APPELLANTS ATTORNEY) I am an insurer of defendant (name) in this case. The judgment against defendant exceeds \$2,500, and the policy of insurance with the defendant covers the matter to which the judgment applies. (NAME OF INSURER) (SIGNATURE OF DECLARANT) **CLERK'S CERTIFICATE OF MAILING** I certify that 1. I am not a party to this action. 2. This Notice of Filing Notice of Appeal and Notice of Appeal were mailed first class, postage prepaid, in a sealed envelope to plaintiff defendant at the address shown above. 3. The mailing and this certification occurred , California, at (place): on (date): Deputy Page 1 of 1 Code of Civil Procedure § 116.710 Form Approved for Optional Use **NOTICE OF APPEAL** 

Judicial Council of California SC-140 [Rev. January 1, 2007]

(Small Claims)

www.courts.ca.gov

Clear this form

Page 84

Save this form

- Defendant can file within 180 days of discovery (on defective service)

- \$20 filing fee

Name and Address of Court:

Fill in Court Name and Address

Example: Superior Court of California, County of Los Angeles Stanley

SMALL CLAIMS CASE NO.: Fill in your Case Number

Mosk Courthouse 111 N Hill St., Los Angeles, CA 90012	
PLAINTIFF/DEMANDANTE (Name, street address, and telephone number of each):	DEFENDANT/DEMANDADO (Name, street address, and telephone number of each):
Peter Smith	David Dean
111 Main St	333 Amberwood Road
Anytown, CA 90011	Anytown, CA 90013
Telephone No.: (213) 111-1234	Telephone No.:
Paul Jenkins	Donald Douglas
111 Main St	333 Amberwood Road
Anytown, CA 90011	Anytown, CA 90013
Telephone No.: (213) 111-1234	Telephone No.: (213) 222-2222
See attached sheet for additional plaintiffs and defendants.	

NOTICE TO (Name): TIP: Name ALL other parties listed in the claim (i.e. Plaintiffs and Defendants)

One of the parties has asked the court to CANCEL the small claims judgment in your case. If you disagree with this request, you should appear in this court on the hearing date shown below. If the request is granted, ANOTHER TRIAL may immediately be held. Bring all witnesses, books, receipts, and other papers or things with you to support your case.

Una de las partes en el caso le ha solicitado a la corte que DEJE SIN EFECTO la decisión tomada en su caso por la corte para reclamos judiciales menores. Si usted esta en desacuerdo con esta solicitud, debe presentarse en esta corte en la fecha de la audiencia indicada a continuación. Si se concede esta solicitud, es posible que se efec-túe otro juicio inmediatamente. Traiga a todos sus testigos, libros, recibos, y otros documentos o cosas para presentarlos en apoyo de su caso.

#### NOTICE OF MOTION TO VACATE (CANCEL) JUDGMENT

1. A hearing will be held in this court at which I will ask the court to cancel the judgment entered against me in this case. If you wish to oppose the motion you should appear at the court on

HEARING	l.		DATE	DAY	TIME	PLACE	COURT USE
DATE	B.	1.					
FECHA		2					
DEL		۷.					
JUICIO		3.					

2. I am asking the court to cancel the judgment for the reasons stated in item 5 below. My request is based on this notice of motion and declaration, the records on file with the court, and any evidence that may be presented at the hearing.

#### **DECLARATION FOR MOTION TO VACATE (CANCEL) JUDGMENT**

- 3. Judgment was entered against me in this case on (date): 01/01/2024
- 4. I first learned of the entry of judgment against me on (date): 05/10/2024
- 5. I am asking the court to cancel the judgment for the following reason:
  - a. I did not appear at the trial of this claim because (specify facts): I was never served or made aware of the lawsuit
  - b. Other (specify facts):

<ol><li>I understand that I must bring with me to the hearing on this mo port my case.</li></ol>	otion all witnesses, books, receipts, and other papers or things to sup-
I declare under penalty of perjury under the laws of the State of	California that the foregoing is true and correct.
Date: 05/31/2024	<b>L</b>
David Dean	David Dean
(TYPE OR PRINT NAME)	(SIGNATURE)
CLERK'S CERTIF	FICATE OF MAILING
I certify that I am not a party to this action. This Notice of Motion to postage prepaid, in a sealed envelope to the responding party at the	Vacate Judgment and Declaration was mailed first class, he address shown above. The mailing and this certification occurred
at (place):	California,
on (date):	Clerk, by, Deputy

Page 1 of 1

SC-135

Form Approved for Optional Use Judicial Council of California SC-135 [Rev. January 1, 2007] NOTICE OF MOTION TO VACATE JUDGMENT AND DECLARATION (Small Claims)

The county provides small claims advisor services free of charge -

Code of Civil Procedure §§ 116.720, 116.730,116.740 www.courts.ca.gov Page 85

Clear this form

n. P

Print this form Save this form

	AT-138/EJ-125
ATTORNEY OR PARTY WITHOUT ATTORNEY: STATE BAR NO.:	FOR COURT USE ONLY
NAME: Jane Doe	-Must wait 30 days from the
FIRM NAME:	date final judgment was
STREET ADDRESS: 123 Main Street	mailed to file
CITY: Los Angeles STATE: CA ZIP CODE: 90001	mailed to file
TELEPHONE NO.: (213) 567-0000 FAX NO.:	Demonstration by Obserit on
EMAIL ADDRESS:	-Personal service by Sheriff or
ATTORNEY FOR (name):	Process Server
SUPERIOR COURT OF CALIFORNIA, COUNTY OF Los Angeles	
STREET ADDRESS: 111 N Hill St	-Filing fee \$60
MAILING ADDRESS:  CITY AND ZIP CODE: Los Angeles, 90012	
BRANCH NAME: Stanley Mosk Courthouse	-Must served at least 30 days
·	before court hearing
PLAINTIFF/PETITIONER: Jane Doe	
DEFENDANT/RESPONDENT: Mike Jones	-Alternative form SC-134
APPLICATION AND ORDER FOR APPEARANCE AND EXAMINATION	CASE NUMBER:
<b>▼</b> ENFORCEMENT OF JUDGMENT ATTACHMENT (Third Person)	
Judgment Debtor or Third Person	Fill in your Case Number
ORDER TO APPEAR FOR EXAMINATION	ON .
1. TO (name): Mike Jones	
2. YOU ARE ORDERED TO APPEAR personally before this court, or before a referee a	ppointed by the court, to
a. furnish information to aid in enforcement of a money judgment against you.	
b. answer concerning property of the judgment debtor in your possession or co	ntrol or concerning a debt you owe the
judgment debtor.	
c. answer concerning property of the defendant in your possession or control o	r concerning a debt you owe the defendant
that is subject to attachment.	
Date: Time: Dept. or Div.:	Rm.:
Address of court is shown above is:	
3. This order may be served by a sheriff, marshal, registered process server, <b>or</b> the follow	wing specially appointed person (name):
Date:	
	JUDGE
This order must be served not less than 30 days before the date	set for the examination.
IMPORTANT NOTICES ON PAGES 2	
APPLICATION FOR ORDER TO APPEAR FOR EX	
4. Original judgment creditor Assignee of record Plaintiff w applies for an order requiring (name):	ho has a right to attach order
to appear and furnish information to aid in enforcement of the money judgment or to a	newer concerning property or debt
5. The person to be examined is	riswer concerning property of debt.
a.  the judgment debtor.	
b. a third person (1) who has possession or control of property belonging to the	iudament debtor or the defendant or (2) who
owes the judgment debtor or the defendant more than \$250. An affidavit sup	
Procedure section 491.110 or 708.120 is attached.	
6. The person to be examined resides or has a place of business in this county or within	150 miles of the place of examination.
7. This court is <b>not</b> the court in which the money judgment is entered or <i>(attachme</i>	nt only) the court that issued the writ of
attachment. An affidavit supporting an application under Code of Civil Procedure	e section 491.150 or 708.160 is attached.
8. The judgment debtor has been examined within the past 120 days. An affidavit sis attached.	showing good cause for another examination
I declare under penalty of perjury under the laws of the State of California that the foregoin	ng is true and correct
	ig is true and confect.
Date: 04/20/2024	
Jane Doe	Jane Doe
(TYPE OR PRINT NAME)	(SIGNATURE OF DECLARANT)
(Continued on pages 2 and 3)	Page 1 of 3

(Continued on pages 2 and 3)

		T	A1-100/E0-120
ATTORNEY OR PARTY WITHOUT ATTORNEY:	STATE BAR NO.:		FOR COURT USE ONLY
NAME: Jane Doe		.	Normally used for 3rd party
FIRM NAME:			examinations
STREET ADDRESS: 123 Main St	07.75 CA 715		SAGITIFICATION
CITY: Los Angeles	STATE: CA ZIP FAX NO.:	CODE: 90001	Must wait 20 days from the data
TELEPHONE NO.:	FAX NO.:		Must wait 30 days from the date
EMAIL ADDRESS:			the judgment was awarded
ATTORNEY FOR (name):			
SUPERIOR COURT OF CALIFORNIA, C	OUNTY OF Los Angeles		Personal Service by Sheriff or
STREET ADDRESS: 111 N Hill St			Process Server
MAILING ADDRESS:	10		
BRANCH NAME: Stanley Mosk Col		-	Filing Fee \$60
Ctariley Work Col	<u> </u>		_
PLAINTIFF/PETITIONER: Jane D	oe		Include LASC LACIV 057
DEFENDANT/RESPONDENT: Mike Jo	ones		melade Erice Ericht der
APPLICATION AND ORDER	FOR APPEARANCE AND	EXAMINATION	
<b>✓</b> ENFORCEMENT OF JUDGME		NT (Third Person)	CASE NUMBER:
Judgment Debtor or V Third		, , , , ,	Fill in your Case Number
-	ORDER TO APPEAR	EOD EYAMINATION	1
1. TO (name): Andrew Lee	ORDER TO AFFEAR	I OK LAAMINATION	
2. YOU ARE ORDERED TO APPEA	P porsonally before this court	or hoforo a roforoo ann	ainted by the court to
			officed by the court, to
	d in enforcement of a money ju		rol or concerning a debt you owe the
judgment debtor.	sity of the judgment debtor in	your possession or cont	for or concerning a debt you owe the
	erty of the defendant in your p	ossession or control or o	concerning a debt you owe the defendant
that is subject to attachn			
Date:	Time: De	ept. or Div.:	Rm.:
Address of court is shown about		pt. or biv	IXIII
3. This order may be served by a she	eriff, marshal, registered proce	ss server, <b>or</b> the following	ng specially appointed person (name):
Date:			
			JUDGE
	be served not less than 30 c	-	
IIV	IPORTANT NOTICES	S ON PAGES 2	AND 3
APPI	ICATION FOR ORDER TO	APPEAR FOR EXA	MINATION
4. Original judgment creditor	Assignee of record	Plaintiff who	has a right to attach order
applies for an order requiring (nar			3
to appear and furnish information		oney judgment or to ans	wer concerning property or debt.
5. The person to be examined is		,,	31 17 7
a. the judgment debtor.			
b. a third person (1) who ha	as possession or control of pro	perty belonging to the ju	adgment debtor or the defendant or (2) who
owes the judgment debt	or or the defendant more than	\$250. An affidavit suppo	orting this application under Code of Civil
Procedure section 491.1	10 or 708.120 is attached.		
6. The person to be examined reside	es or has a place of business in	n this county or within 15	50 miles of the place of examination.
7. This court is <b>not</b> the court in	which the money judgment is	entered or (attachment	only) the court that issued the writ of
attachment. An affidavit sup	porting an application under C	ode of Civil Procedure s	section 491.150 or 708.160 is attached.
	en examined within the past 1	20 days. An affidavit sh	owing good cause for another examination
is attached.			
I declare under penalty of perjury und	er the laws of the State of Cali	fornia that the foregoing	is true and correct.
Date: 04/20/2024			
Jane Doe	د		Jana (Dec
(TYPE OR PRINT N			(SIGNATURE OF DECLARANT)
(TIPE OR PRINT N	,	0	,
	(Continued or	n pages 2 and 3)	Page 1 of 3

Ani Chong 123 Main Street Van Nuys,CA 91401 ATTORNEY FOR (Name):	Attach form with EJ-125 Application and Order for
SUPERIOR COURT OF CALIFORNIA, COUNTY	OF LOS ANGELES  Appearance and Examination
COURTHOUSE ADDRESS: 111 N Hill St., Los Angeles CA, 90012	Examination
PLAINTIFF: Ani Chong	
DEFENDANT:	
Mike Jones	CASE NUMBER:
AFFIDAVIT FOR ORDER FOR APPEARA EXAMINATION OF A THIRD PERS	ANCE AND
I, Ani Chong  creditor in the above entitled action and declare that judgmagainst Mike Jones  I believe and allege that a third person named Andrew Lew whose residence or place of business is 167 Vanowen S	judgment debtor(s)
which is	☐ less than 150 miles from the place of trial,
has possession or control of property of the judgment debt exceeding \$250.00, which allegation is founded upon the f	. •
I request that an order be issued requiring Andrew Lee	
(r	name of third person)
to appear before this court and be examined under oath co	ncerning said property or indebtedness.
Executed on at Los A	angeles County, California
I declare under penalty of perjury under the laws of the Sta	te of California that the foregoing is true and correct.
Dated:	Ini Chong
	Signature of Affiant

NAME, ADDRESS, AND TELEPHONE NUMBER OF ATTORNEY OR PARTY WITHOUT ATTORNEY: STATE BAR NUMBER

Reserved for Clerk's File Stamp

If you fail to appear and have not paid the judgment, including postjudgment costs and interest, a bench warrant may be issued for your arrest, you may be held in contempt of court, and you may be ordered to pay penalties.

Si usted no se presenta y no ha pagado el monto del fallo judicial, inclusive las costas e intereses posterlores al fallo, la corte puede expedir una orden de detencion contra usted, declararle en desacato y ordenar clue pague multas.

3. This order may be served by a sheriff, marshal, or registered process server.

Date:

(SIGNATURE OF JUDGE)

#### APPLICATION FOR THIS ORDER

(See Instructions on reverse)

- A. Judgment creditor (the person who won the case) (name): Jane Doe
  judgment debtor (the person or business who lost the case and owes money) (name): John Smith
  to (1) pay the judgment or (2) personally appear in this court with a completed Judgment Debtor's Statement of Assets (form SC-133), explain why judgment debtor did not pay the judgment or complete and mail form SC-133 to judgment creditor within 30 days after the Notice of Entry of Judgment was mailed or handed to judgment debtor, and answer questions about judgment debtor's income and assets.
- B. I, judgment creditor, state the following:
  - (1) Judgment debtor has not paid the judgment.
  - (2) Judgment debtor either did not file an appeal or the appeal has been dismissed or judgment debtor lost the appeal.
  - (3) Judgment debtor either did not file a motion to vacate or the motion to vacate has been denied.
  - (4) More than 30 days have passed since the Notice of Entry of Judgment was mailed or delivered to judgment debtor.
  - (5) I have not received a completed Judgment Debtor's Statement of Assets from judgment debtor.
- (6) The person to be examined resides or has a place of business in this county or within 150 miles of the place of examination. I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date: 07/08/2024

Jane Doe

(TYPE OR PRINT NAME)

Jane Doe

(DECLARAN)

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Page 1 of 2

| Hearing | Date: \_\_\_\_\_ Time: \_\_\_\_\_ | Room: \_\_\_\_\_

If you fail to appear and have not paid the judgment, including postjudgment costs and interest, a bench warrant may be issued for your arrest, you may be held in contempt of court, and you may be ordered to pay penalties.

Si usted no se presenta y no ha pagado el monto del fallo judicial, inclusive las costas e intereses posterlores al fallo, la corte puede expedir una orden de detencion contra usted, declararle en desacato y ordenar clue pague multas.

Name and address of court if different from above:

3. This order may be served by a sheriff, marshal, or registered process server.

Date:

(SIGNATURE OF JUDGE)

#### APPLICATION FOR THIS ORDER

within 30 days after the Notice of Entry of Judgment (form SC-130) was mailed or handed to you by the clerk.)

(See Instructions on reverse)

- A. Judgment creditor (the person who won the case) (name): Jane Doe
  judgment debtor (the person or business who lost the case and owes money) (name): Places to Go, Inc.
  to (1) pay the judgment or (2) personally appear in this court with a completed Judgment Debtor's Statement of Assets (form SC-133), explain why judgment debtor did not pay the judgment or complete and mail form SC-133 to judgment creditor within 30 days after the Notice of Entry of Judgment was mailed or handed to judgment debtor, and answer questions about judgment debtor's income and assets.
- B. I, judgment creditor, state the following:
  - (1) Judgment debtor has not paid the judgment.
  - (2) Judgment debtor either did not file an appeal or the appeal has been dismissed or judgment debtor lost the appeal.
  - (3) Judgment debtor either did not file a motion to vacate or the motion to vacate has been denied.
  - (4) More than 30 days have passed since the Notice of Entry of Judgment was mailed or delivered to judgment debtor.
  - (5) I have not received a completed Judgment Debtor's Statement of Assets from judgment debtor.
- (6) The person to be examined resides or has a place of business in this county or within 150 miles of the place of examination. I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date: 07/08/2024

Jane Doe

Jane Doe

(TYPE OR PRINT NAME)

(DECLARANT)

- The county provides small claims advisor services free of charge -

Page 1 of 2

 See Training Manual SC-107 NAME AND ADDRESS OF COURT: Fill in your Court Name and Address SMALL CLAIMS CASE NO.: Fill in your Case Number Example: Superior Court of California. County of Los Angeles Stanley Mosk Courthouse 111 N Hill St., Los Angeles, CA 90012 PLAINTIFF/DEMANDANTE (Name, address, and telephone number of each): DEFENDANT/DEMANDADO (Name, address, and telephone number of each): Susan Burke **Paul Jones** 987 Woodman Street 456 Goodland Avenue Los Angeles, CA 90044 Los Angeles, CA 90012 Telephone No.: (213) 876-5555 Telephone No.: (213) 767-9999 Telephone No.: Telephone No See attached sheet for additional plaintiffs and defendants. **SMALL CLAIMS SUBPOENA** FOR PERSONAL APPEARANCE AND PRODUCTION OF DOCUMENTS AND THINGS AT TRIAL OR HEARING AND DECLARATION THE PEOPLE OF THE STATE OF CALIFORNIA, TO (name, address, and telephone number of witness, if known): 987 Woodman Street, Los Angeles, CA 90044 1. YOU ARE ORDERED TO APPEAR AS A WITNESS in this case at the date, time, and place shown in the box below UNLESS your appearance is excused as indicated in box 4b below or you make an agreement with the person named in item 2 below. a. Date: 05/20/2023 Time: 1:30 PM ✓ Dept.: Div.: Room: b. Address: 111 N Hill St, Los Angeles, CA 90012 2. IF YOU HAVE ANY QUESTIONS ABOUT THE TIME OR DATE YOU ARE TO APPEAR, OR IF YOU WANT TO BE CERTAIN THAT YOUR PRESENCE IS REQUIRED, CONTACT THE FOLLOWING PERSON BEFORE THE DATE ON WHICH YOU ARE TO APPEAR: b. Telephone number: (213) 876-5555 a. Name of subpoenaing party: Paul Jones 3. Witness Fees: You are entitled to witness fees and mileage actually traveled both ways, as provided by law, if you request them at the time of service. You may request them before your scheduled appearance from the person named in item 2. PRODUCTION OF DOCUMENTS AND THINGS (Complete item 4 only if you want the witness to produce documents and things at the trial or hearing.) 4. YOU ARE (item a or b must be checked): a. V Ordered to appear in person and to produce the records described in the declaration on page two. The personal attendance of the custodian or other qualified witness and the production of the original records are required by this subpoena. The procedure authorized by Evidence Code sections 1560(b), 1561, and 1562 will not be deemed sufficient compliance with this subpoena. Not required to appear in person if you produce (i) the records described in the declaration on page two and (ii) a completed declaration of custodian of records in compliance with Evidence Code sections 1560, 1561, 1562, and 1271. (1) Place a copy of the records in an envelope (or other wrapper). Enclose the original declaration of the custodian with the records. Seal the envelope. (2) Attach a copy of this subpoena to the envelope or write on the envelope the case name and number; your name; and the date, time, and place from item 1 in the box above. (3) Place this first envelope in an outer envelope, seal it, and mail it to the clerk of the court at the address in item 1. (4) Mail a copy of your declaration to the attorney or party listed at the top of this form. 5. IF YOU HAVE BEEN SERVED WITH THIS SUBPOENA AS A CUSTODIAN OF CONSUMER OR EMPLOYEE RECORDS UNDER CODE OF CIVIL PROCEDURE SECTION 1985.3 OR 1985.6 AND A MOTION TO QUASH OR AN OBJECTION HAS BEEN SERVED ON YOU, A COURT ORDER OR AGREEMENT OF THE PARTIES, WITNESSES, AND CONSUMER OR EMPLOYEE AFFECTED MUST BE OBTAINED BEFORE YOU ARE REQUIRED TO PRODUCE CONSUMER OR EMPLOYEE RECORDS. DISOBEDIENCE OF THIS SUBPOENA MAY BE PUNISHED AS CONTEMPT BY THIS COURT. YOU WILL ALSO BE LIABLE FOR THE SUM OF FIVE HUNDRED DOLLARS AND ALL DAMAGES RESULTING FROM YOUR FAILURE TO OBEY.

(See reverse for declaration in support of subpoena)

Date issued:

Page one of three

\_ , Deputy

[SEAL]

Clerk, by \_

Plaintiff/Petitioner: Paul Jones	
Defendant/Respondent: Susan Burke	

CASE NUMBER:

Fill in your Case Number

### DECLARATION IN SUPPORT OF SMALL CLAIMS SUBPOENA FOR PERSONAL APPEARANCE AND PRODUCTION OF DOCUMENT AND THINGS AT TRIAL OR HEARING (Code Civil Procedure sections 1985, 1987.5)

	·
1.	I, the undersigned, declare I am the vigiliary plaintiff defendant vigiliary judgment creditor in the above entitled action.
2.	The witness has possession or control of the following documents or other things and shall produce them at the time and place specified on the <i>Small Claims Subpoena</i> on the first page of this form.
	a. For trial or hearing (specify the exact documents or other things to be produced by the witness):
	<ul> <li>Continued on Attachment 2a.</li> <li>b. After trial to enforce a judgment (specify the exact documents or other things to be produced by the party who is the judgment debtor or other witness possessing records relating to the judgment debtor):</li> <li>(1) Payroll receipts, stubs, and other records concerning employment of the party. Receipts, invoices, documents, and other papers or records concerning any and all accounts receivable of the party.</li> <li>(2) Abank account statements, canceled checks, and check registers from any and all bank accounts in which the party has an interest.</li> <li>(3) Asvings account passbooks and statements, savings and loan account passbooks and statements, and credit union share account passbooks and statements of the party.</li> <li>(4) Astock certificates, bonds, money market certificates, and any other records, documents, or papers concerning all investments of the party.</li> <li>(5) California registration certificates and ownership certificates for all vehicles registered to the party.</li> </ul>
	<ul> <li>(6)  Deeds to any and all real property owned or being purchased by the party.</li> <li>(7)  Other (specify):</li> <li>Social Security card, California Driver's License or form of Identification.</li> </ul>
3.	Good cause exists for the production of the documents or other things described in paragraph 2 for the following reasons:
	Defendant failed to pay judgment.
	Continued on Attachment 3.
4.	These documents are material to the issues involved in this case for the following reasons:  The documents are necessary for the Judgment Debtor Hearing to enable the judgment creditor to collect the judgment.
	Continued on Attachment 4.
l d	eclare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.
Da	te: 05/05/2023
	Paul Jones  (TYPE OR PRINT NAME)  Paul Jones  (CONTROL OF AND TO
	(Signature of Party)  (See proof of service on page three)

Plaintiff/Petitioner: Paul Jones
Defendant/Respondent: Susan Burke

CASE NUMBER:

Fill in your Case Number

# PROOF OF SERVICE OF SMALL CLAIMS SUBPOENA FOR PERSONAL APPEARANCE AND PRODUCTION OF DOCUMENTS AND THINGS AT TRIAL OR HEARING AND DECLARATION

	AND DECLARATION
1.	I served this <i>Small Claims Subpoena for Personal Appearance and Production of Documents and Things at Trial or Hearing and Declaration</i> by personally delivering a copy to the person served as follows:
	a. Person served (name): Susan Burke
	b. Address where served: 987 Woodman Street, Los Angeles, CA 90044
	c. Date of delivery: 05/07/2023
	d. Time of delivery: 11:00 AM
	e. Witness fees (check one):
	(1) were offered or demanded and paid. Amount: \$
	(2) vere not demanded or paid.
	f. Fee for service:
2.	I received this subpoena for service on (date):
3.	Person serving:  a.
	eclare under penalty of perjury under the laws of the State California that the foregoing is true and correct.  (For California sheriff, marshal, or constable use only) I certify that the foregoing is true and correct.
Da	te: 05/07/2023 Date:
Þ	Paul, Jones
<u>F</u>	(SIGNATURE) (SIGNATURE)

SC-107 [Rev. January 1, 2000]

PROOF OF SERVICE OF SMALL CLAIMS SUBPOENA
FOR PERSONAL APPEARANCE AND PRODUCTION OF DOCUMENTS
AT TRIAL OF HEARING AND DECLARATION

Page three of three

SC-107 NAME AND ADDRESS OF COURT: Fill in your Court Name and Address SMALL CLAIMS CASE NO.: Fill in your Case Number Example: Superior Court of California. County of Los Angeles Stanley Mosk Courthouse 111 N Hill St., Los Angeles, CA 90012 PLAINTIFF/DEMANDANTE (Name, address, and telephone number of each): DEFENDANT/DEMANDADO (Name, address, and telephone number of each): **Paul Jones** Joseph Smith Individually and DBA Joe's Auto Repair 456 Goodland Avenue 987 Woodman Street Los Angeles, CA 90044 Los Angeles, CA 90012 Telephone No.: (213) 876-5555 Telephone No.: (213) 767-9999 Telephone No.: Telephone No See attached sheet for additional plaintiffs and defendants. **SMALL CLAIMS SUBPOENA** FOR PERSONAL APPEARANCE AND PRODUCTION OF DOCUMENTS AND THINGS AT TRIAL OR HEARING AND DECLARATION THE PEOPLE OF THE STATE OF CALIFORNIA, TO (name, address, and telephone number of witness, if known): Custodian of Records, Bureau of Automotive Repair, Subpoena - PRA Unit 10949 North Mather Boulevard, Rancho Cordova, CA 95670 1. YOU ARE ORDERED TO APPEAR AS A WITNESS in this case at the date, time, and place shown in the box below UNLESS your appearance is excused as indicated in box 4b below or you make an agreement with the person named in item 2 below. a. Date: 05/20/2023 Time: 1:30 PM ✓ Dept.: Div.: Room: b. Address: 111 N Hill St, Los Angeles, CA 90012 2. IF YOU HAVE ANY QUESTIONS ABOUT THE TIME OR DATE YOU ARE TO APPEAR, OR IF YOU WANT TO BE CERTAIN THAT YOUR PRESENCE IS REQUIRED, CONTACT THE FOLLOWING PERSON BEFORE THE DATE ON WHICH YOU ARE TO APPEAR: b. Telephone number: (213) 876-5555 a. Name of subpoenaing party: Paul Jones 3. Witness Fees: You are entitled to witness fees and mileage actually traveled both ways, as provided by law, if you request them at the time of service. You may request them before your scheduled appearance from the person named in item 2. PRODUCTION OF DOCUMENTS AND THINGS (Complete item 4 only if you want the witness to produce documents and things at the trial or hearing.) 4. YOU ARE (item a or b must be checked): Ordered to appear in person and to produce the records described in the declaration on page two. The personal attendance of the custodian or other qualified witness and the production of the original records are required by this subpoena. The procedure authorized by Evidence Code sections 1560(b), 1561, and 1562 will not be deemed sufficient compliance with this subpoena. V Not required to appear in person if you produce (i) the records described in the declaration on page two and (ii) a completed declaration of custodian of records in compliance with Evidence Code sections 1560, 1561, 1562, and 1271. (1) Place a copy of the records in an envelope (or other wrapper). Enclose the original declaration of the custodian with the records. Seal the envelope. (2) Attach a copy of this subpoena to the envelope or write on the envelope the case name and number; your name; and the date, time, and place from item 1 in the box above. (3) Place this first envelope in an outer envelope, seal it, and mail it to the clerk of the court at the address in item 1. (4) Mail a copy of your declaration to the attorney or party listed at the top of this form. 5. IF YOU HAVE BEEN SERVED WITH THIS SUBPOENA AS A CUSTODIAN OF CONSUMER OR EMPLOYEE RECORDS UNDER CODE OF CIVIL PROCEDURE SECTION 1985.3 OR 1985.6 AND A MOTION TO QUASH OR AN OBJECTION HAS BEEN SERVED ON YOU, A COURT ORDER OR AGREEMENT OF THE PARTIES, WITNESSES, AND CONSUMER OR EMPLOYEE AFFECTED MUST BE OBTAINED BEFORE YOU ARE REQUIRED TO PRODUCE CONSUMER OR EMPLOYEE RECORDS.

DISOBEDIENCE OF THIS SUBPOENA MAY BE PUNISHED AS CONTEMPT BY THIS COURT. YOU WILL ALSO BE LIABLE FOR THE SUM OF FIVE HUNDRED DOLLARS AND ALL DAMAGES RESULTING FROM YOUR FAILURE TO OBEY.

[SEAL] Date issued: Clerk, by \_ \_ , Deputy (See reverse for declaration in support of subpoena) Page one of three Plaintiff/Petitioner: Paul Jones

Defendant/Respondent: Joseph Smith Individually and DBA Joe's Auto Repair

CASE NUMBER:

Fill in your Case Number

### DECLARATION IN SUPPORT OF SMALL CLAIMS SUBPOENA FOR PERSONAL APPEARANCE AND PRODUCTION OF DOCUMENT AND THINGS AT TRIAL OR HEARING (Code Civil Procedure sections 1985, 1987.5)

1.	I, the undersigned, declare I am the plaintiff defendant judgment creditor in the above entitled action.
2.	The witness has possession or control of the following documents or other things and shall produce them at the time and place specified on the <i>Small Claims Subpoena</i> on the first page of this form.
	a. For trial or hearing (specify the exact documents or other things to be produced by the witness):
	For trial or hearing (specify the exact documents or things to be produced by the witness): Records for complaint number SE2010987456. Date closed 04/02/2023.
	Continued on Attachment 2a.  b. After trial to enforce a judgment (specify the exact documents or other things to be produced by the party who is the judgment debtor or other witness possessing records relating to the judgment debtor):  (1) Payroll receipts, stubs, and other records concerning employment of the party. Receipts, invoices, documents, and other papers or records concerning any and all accounts receivable of the party.  (2) Bank account statements, canceled checks, and check registers from any and all bank accounts in which the party has an interest.  (3) Savings account passbooks and statements, savings and loan account passbooks and statements, and credit union share account passbooks and statements of the party.  (4) Stock certificates, bonds, money market certificates, and any other records, documents, or papers concerning all investments of the party.  (5) California registration certificates and ownership certificates for all vehicles registered to the party.  (6) Deeds to any and all real property owned or being purchased by the party.  (7) Other (specify):
3.	Good cause exists for the production of the documents or other things described in paragraph 2 for the following reasons:  The case record from the Bureau of Automotive Repair will provide evidence to prove my court case.
4.	Continued on Attachment 3.  These documents are material to the issues involved in this case for the following reasons:  The case record will show that the defendant charged me for new parts, but actually used parts from a salvaged vehicle.
	Continued on Attachment 4.
l d	eclare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.
Da	te: 04/27/2023
	Paul Jones Paul Jones
	(TYPE OR PRINT NAME) (SIGNATURE OF PARTY)
	(See proof of service on page three)

Plaintiff/Petitioner: Paul Jones

Defendant/Respondent: Joseph Smith Individually and DBA Joe's Auto Repair

CASE NUMBER:

Fill in your Case Number

# PROOF OF SERVICE OF SMALL CLAIMS SUBPOENA FOR PERSONAL APPEARANCE AND PRODUCTION OF DOCUMENTS AND THINGS AT TRIAL OR HEARING AND DECLARATION

		AND DECLARATION	
1.		I served this <i>Small Claims Subpoena for Personal Appearance and Production of D Declaration</i> by personally delivering a copy to the person served as follows:	ocuments and Things at Trial or Hearing and
	a.	a. Person served (name): Custodian of Records, Bureau of Automotive Repa	ir, Subpoena - PRA Unit
	b.	b. Address where served: 10949 North Mather Boulevard, Rancho Cordova,	CA 95670
	c. d.	11:00 AM	
	e.	and the same of th	
	•	(1) were offered or demanded and paid. Amount: \$ None	
		(2) were not demanded or paid.	
	f.	f. Fee for service:	
2		I received this subpoena for service on (date):	
3.		Person serving:	
<i>J</i> .	a. b. c. d. e. f. g.	<ul> <li>a.  V Not a registered California process server.</li> <li>b.  California sheriff, marshal, or constable.</li> <li>c.  Registered California process server.</li> <li>d.  Employee or independent contractor of a registered California process serve.</li> <li>e.  Exempt from registration under Business &amp; Professions Code section 223</li> <li>f.  Registered professional photocopier.</li> <li>g.  Exempt from registration under Business &amp; Professions Code section 224</li> </ul>	50(b). 51.
		Paul Jones 456 Goodland Avenue Los Angeles, CA 90012 (213) 876-5555	
of	Cali	California that the foregoing is true and correct.	nia sheriff, marshal, or constable use only) t the foregoing is true and correct.
Dα	ıte:	ate: 05/29/2023 Date:	

SC-107 [Rev. January 1, 2000]

PROOF OF SERVICE OF SMALL CLAIMS SUBPOENA FOR PERSONAL APPEARANCE AND PRODUCTION OF DOCUMENTS AT TRIAL OF HEARING AND DECLARATION Page three of three

Paul, Jones

(SIGNATURE)

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, State Bar number, and address):	FOR COURT USE ONLY
John Smith	
425 Stonehenge Ave	
Soda Springs, CA 90756	
TELEPHONE NO.: (565) 555-1234 FAX NO. (Optional):	
E-MAIL ADDRESS (Optional):	
ATTORNEY FOR (Name):	
SUPERIOR COURT OF CALIFORNIA, COUNTY OF Los Angeles	
STREET ADDRESS: 111 N Hill St	
MAILING ADDRESS:	
CITY AND ZIP CODE: Los Angeles, CA 90012	
BRANCH NAME: Stanley Mosk Courthouse	
PLAINTIFF/ PETITIONER: John Smith	CASE NUMBER:
DEFENDANT/ RESPONDENT: Mae Johnson	
NOTICE TO CONSUMER OR EMPLOYEE AND OBJECTION (Code Civ. Proc., §§ 1985.3,1985.6)	Fill in your Case Number
NOTICE TO CONSUMER OR EMPLOYEE	1

TO (name): Mae Johnson

1. PLEASE TAKE NOTICE THAT REQUESTING PARTY (name): John Smith

SEEKS YOUR RECORDS FOR EXAMINATION by the parties to this action on (specify date): 07/24/2023

The records are described in the subpoena directed to witness (specify name and address of person or entity from whom records are sought): Pam Patterson, C.E.O. of Smiles Dental, Inc., 555 Minkler Street, Smartsville, CA 90301 A copy of the subpoena is attached.

- 2. IF YOU OBJECT to the production of these records, YOU MUST DO ONE OF THE FOLLOWING BEFORE THE DATE SPECIFIED. IN ITEM a. OR b. BELOW:
  - a. If you are a party to the above-entitled action, you must file a motion pursuant to Code of Civil Procedure section 1987.1 to quash or modify the subpoena and give notice of that motion to the witness and the deposition officer named in the subpoena at least five days before the date set for production of the records.
  - b. If you are not a party to this action, you must serve on the requesting party and on the witness, before the date set for production of the records, a written objection that states the specific grounds on which production of such records should be prohibited. You may use the form below to object and state the grounds for your objection. You must complete the Proof of Service on the reverse side indicating whether you personally served or mailed the objection. The objection should not be filed with the court. WARNING: IF YOUR OBJECTION IS NOT RECEIVED BEFORE THE DATE SPECIFIED IN ITEM 1, YOUR RECORDS MAY BE PRODUCED AND MAY BE AVAILABLE TO ALL PARTIES.
- 3. YOU OR YOUR ATTORNEY MAY CONTACT THE UNDERSIGNED to determine whether an agreement can be reached in writing to cancel or limit the scope of the subpoena. If no such agreement is reached, and if you are not otherwise represented by an attorney in this action. YOU SHOULD CONSULT AN ATTORNEY TO ADVISE YOU OF YOUR RIGHTS OF PRIVACY.

John Smith	John Smith
(TYPE OR PRINT NAME)	(SIGNATURE OF REQUESTING PARTY ATTORNEY)
OBJECTION BY NON-PARTY	TO PRODUCTION OF RECORDS
	the subpoena.
2. I object only to the production of the following specified re	records:
3. The specific grounds for my objection are as follows:	
Date: 06/25/2024	
Mae Johnson	Mae Johnson
(TYPE OR PRINT NAME)	(SIGNATURE)

(Proof of service on reverse)

Page 1 of 2

PLAINTIFF/ PETITIONER: John Smith CASE NUMBER: DEFENDANT/ RESPONDENT: Mae Johnson Fill in your Case Number PROOF OF SERVICE OF NOTICE TO CONSUMER OR EMPLOYEE AND OBJECTION (Code Civ. Proc., §§ 1985.3,1985.6) **Personal Service** ✓ Mail 1. At the time of service I was at least 18 years of age and not a party to this legal action. I served a copy of the Notice to Consumer or Employee and Objection as follows (check either a or b): Personal service. I personally delivered the Notice to Consumer or Employee and Objection as follows: Name of person served: (3)Date served: (1)(4) Address where served: (2)Time served: ✓ Mail. I deposited the Notice to Consumer or Employee and Objection in the United States mail, in a sealed envelope with postage fully prepaid. The envelope was addressed as follows: Date of mailing: 06/24/2023 Name of person served: Mae Johnson Address: 505 Sierra St., Maywood, CA 90064 Place of mailing (city and state): Los Angeles, CA (5) I am a resident of or employed in the county where the Notice to Consumer or Employee and Objection was mailed. My residence or business address is (specify): 105 Stonewall Ave., Los Angeles, CA 90756 My phone number is (specify): (454) 454-4444 I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct. Date: 06/24/2023 Mary Jo (TYPE OR PRINT NAME OF PERSON WHO SERVED) PROOF OF SERVICE OF OBJECTION TO PRODUCTION OF RECORDS (Code Civ. Proc., §§ 1985.3,1985.6) Personal Service 1. At the time of service I was at least 18 years of age and not a party to this legal action. 2. I served a copy of the Objection to Production of Records as follows (complete either a or b): a. ON THE REQUESTING PARTY Personal service. I personally delivered the Objection to Production of Records as follows: Name of person served: Date served: (ii) Address where served: Time served: ✓ Mail. I deposited the Objection to Production of Records in the United States mail, in a sealed envelope with postage fully prepaid. The envelope was addressed as follows: Name of person served: John Smith Date of mailing: 06/24/2023 (i) (iii) Address: 425 Stonehenge Ave., Place of mailing (city and state): Soda Springs, CA 90756 Los Angeles, CA (v) I am a resident of or employed in the county where the Objection to Production of Records was mailed. ON THE WITNESS Personal service. I personally delivered the Objection to Production of Records as follows: Name of person served: Date served: (i) (ii) Address where served: (iv) Time served: Mail. I deposited the Objection to Production of Records in the United States mail, in a sealed envelope with (2)postage fully prepaid. The envelope was addressed as follows: Name of person served: Date of mailing: Address: (ii) (iv) Place of mailing (city and state): (v) I am a resident of or employed in the county where the Objection to Production of Records was mailed. 3. My residence or business address is (specify): 4. My phone number is (specify): I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct. Date: 06/24/2023 Sam Johnson

(TYPE OR PRINT NAME OF PERSON WHO SERVED)

Page 2 of 2

NOTICE TO CONSUMER OR EMPLOYEE AND OBJECTION

SUBP-025 [Rev. January 1, 2008]

PLAINTIFF/ PETITIONER: John Smith CASE NUMBER: DEFENDANT/ RESPONDENT: Mae Johnson Fill in your Case Number PROOF OF SERVICE OF NOTICE TO CONSUMER OR EMPLOYEE AND OBJECTION (Code Civ. Proc., §§ 1985.3,1985.6) **Personal Service** ✓ Mail 1. At the time of service I was at least 18 years of age and not a party to this legal action. I served a copy of the Notice to Consumer or Employee and Objection as follows (check either a or b): Personal service. I personally delivered the Notice to Consumer or Employee and Objection as follows: Name of person served: (3)Date served: (1)Address where served: (2)Time served: Wail. I deposited the Notice to Consumer or Employee and Objection in the United States mail, in a sealed envelope with postage fully prepaid. The envelope was addressed as follows: Name of person served: Mae Johnson Date of mailing: 06/24/2024 Address: 505 Sierra St., Maywood, CA 90064 Place of mailing (city and state): Los Angeles, CA (5) I am a resident of or employed in the county where the Notice to Consumer or Employee and Objection was mailed. My residence or business address is (specify): 105 Stonewall Ave., Los Angeles, CA 90756 My phone number is (specify): (454) 454-4444 I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct. Date: 06/24/2024 Mary Jo (TYPE OR PRINT NAME OF PERSON WHO SERVED) PROOF OF SERVICE OF OBJECTION TO PRODUCTION OF RECORDS (Code Civ. Proc., §§ 1985.3,1985.6) **Personal Service** 1. At the time of service I was at least 18 years of age and not a party to this legal action. 2. I served a copy of the Objection to Production of Records as follows (complete either a or b): a. ON THE REQUESTING PARTY Personal service. I personally delivered the Objection to Production of Records as follows: Name of person served: Date served: (ii) Address where served: Time served: ✓ Mail. I deposited the Objection to Production of Records in the United States mail, in a sealed envelope with postage fully prepaid. The envelope was addressed as follows: Name of person served: John Smith (i) (iii) Date of mailing: 06/24/2024 Address: 425 Stonehenge Ave., Place of mailing (city and state): Soda Springs, CA 90756 Los Angeles, CA (v) I am a resident of or employed in the county where the Objection to Production of Records was mailed. ON THE WITNESS Personal service. I personally delivered the Objection to Production of Records as follows: Name of person served: Date served: (i) (ii) Address where served: (iv) Time served: Mail. I deposited the Objection to Production of Records in the United States mail, in a sealed envelope with postage fully prepaid. The envelope was addressed as follows: Date of mailing: 06/24/2024 Name of person served: Pam Patterson, C.E.O. of Smiles Den (iii) (ii) Address: 555 Minkler St., Smartsville, CA 90301 Place of mailing (city and state): Los Angeles, CA (v) I am a resident of or employed in the county where the Objection to Production of Records was mailed. 3. My residence or business address is (specify): 4. My phone number is (specify): I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct. Date: 06/24/2024 Sam Johnson (TYPE OR PRINT NAME OF PERSON WHO SERVED)

NOTICE TO CONSUMER OR EMPLOYEE AND OBJECTION

Page 2 of 2
Page 99

SUBP-025 [Rev. January 1, 2008]

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name and Address):	TELEPHONE NO.:	FOR COURT USE ONLY
Gail Green		- Gail Green has pending cases/won a judgment
450 Goodland Ave		against Cosgrove (i.e. civil case/small claims)
Encino, CA 91316		- Cosgrove won or has a pending case against "Bob the Builder, Inc." (SCC or Civil)
ATTORNEY FOR LIEN CLAIMANT:		- Gail found out and wants to collect from Cosgrove's SC or Civil case
NAME OF COURT: Los Angeles Superior Court		, and the second
STREET ADDRESS: 111 N Hill St		- This form is to place a lien on a pending case or
MAILING ADDRESS:  CITY AND ZIP CODE: Los Angeles, CA 90012		judgment
BRANCH NAME: Stanley Mosk		- Include Abstract of Judgment or Certified copy
PLAINTIFF: Dana Cosgrove		of the judgment
DEFENDANT: Bob the Builder, Inc.		
NOTICE OF LIEN		CASE NUMBER:
(Attachment—Enforcement of Judgme	ent)	Fill in you SC/Civil Case Number

#### ALL PARTIES IN THIS ACTION ARE NOTIFIED THAT

1.	A lie	n is	created	hν	this	notice	under
	/ \ IIC	,,,,	orcated	$\sim$ y	uno	1101100	unacı

- a. Article 3 (commencing with section 491.410) of Chapter 11 of Title 6.5 of Part 2 of the Code of Civil Procedure.
- b. Article 5 (commencing with section 708.410) of Chapter 6 of Title 9 of Part 2 of the Code of Civil Procedure.
- 2. The lien is based on a
  - a. right to attach order and an order permitting the creation of a lien (copies attached).
  - b. money judgment.
- 3. The right to attach order or the money judgment is entered in the following action:
  - a. Title of court (specify): Los Angeles Superior Court, Van Nuys Branch, Small Claims
  - b. Name of case (specify): Green vs Cosgrove
  - c. Number of case (specify): LAV12V02222
  - Date of entry of judgment (specify): 09/20/2024
  - e. Dates of renewal of judgment (specify):
- 4. The name and address of the judgment creditor or person who obtained the right to attach order are (specify):

Green, Gail 456 Goodland Avenue, Encino, CA 91316

- 5. The name and last known address of the judgment debtor or person whose property is subject to the right to attach order are (*specify*): Cosgrove, Dana 510 First Street, Los Angeles, CA 90012
- 6. The amount required to satisfy the judgment creditor's money judgment or to secure the amount to be secured by the attachment at the time this notice of lien is filed is

\$4,060.00

- 7. The lien created by this notice attaches to any cause of action of the person named in item 5 that is the subject of this action or proceeding and to that person's rights to money or property under any judgment subsequently procured in this action or proceeding.
- 8. No compromise, dismissal, settlement, or satisfaction of this action or proceeding or any of the rights of the person named in item 5 to money or property under any judgment procured in this action or proceeding may be entered into by or on behalf of that person, and that person may not enforce any rights to money or property under any judgment procured in this action or proceeding by a writ or otherwise, unless one of the following requirements is satisfied:
  - a. the prior approval by order of the court in this action or proceeding has been obtained;
  - b. the written consent of the person named in item 4 has been obtained or that person has released the lien; or
  - c. the money judgment of the person named in item 4 has been satisfied.

NOTICE The person named in item 5 may claim an exemption for all or any portion of the money or property within 30 days after receiving notice of the creation of the lien. The exemption is waived if it is not claimed in time.

Date: 11/14/2024

Gail Green

(TYPE OR PRINT NAME)



Gail Green

(SIGNATURE OF LIEN CLAIMANT OR ATTORNEY)

Form Approved by the Judicial Council of California AT-180, EJ-185 [New January 1, 1985] NOTICE OF LIEN
(Attachment—Enforcement of Judgment)

CCP 491.410, 708.410

Page 100

Clear this form

-Check with court to confirm pay off amount plus include \$20 filing fee in check -Calculations of the payoff amount is listed on the back

SC-145

SMALL CLAIMS CASE NO.: Fill in your Case Number

TTT N HIII St., Los Angeles, CA 90012		<u> </u>
PLAINTIFF/DEMANDANTE (Name and address of each):		DEFENDANT/DEMANDADO (Name and address of each):
Jane Doe		Mike Jones
123 Main Street		456 Central Ave
Los Angeles, CA 90001	1	Los Angeles, CA 90009
See attached sheet for additional plaintiffs a	and defendants.	
REQU	IEST TO PAY JUI	DGMENT TO COURT
1. <b>Instead of paying</b> the judgment directly to the	e creditor, I want to p	pay it to the court.
2. Date judgment was entered (specify): 03/01	/2024	
3. Judgment creditor (the person or business	s you were ordered	to pay)
a. Full name: Jane Doe		
b. Address (use last known): 123 main S	St., Los Angeles	CA 90001
<ul> <li>b by cash. (Attach a copy of the s</li> <li>6. I understand that if I pay by personal check, s</li> </ul>	udgment. (The count have ALREADY PA t. (check one ch a copy of both sidesigned, dated cash reatisfaction of judgment required to enter court.	t will calculate the total (see reverse).) AID PART of the judgment.) or both of the boxes below.) des of the canceled check or money order.) ecceipt) ent will be delayed 30 days. r a satisfaction of judgment, and to enter a satisfaction of judg-
,		,
Judgmen	nt creditor: See imp	portant notice on reverse.
CERTIFICATION	SATI	ISFACTION OF JUDGMENT (for court use only)
I certify that this document is a true and cor-		sfaction of judgment entered as to judgment debtor
rect copy of the original on file with this court.	(name):	
(Seal)	(2) Full sati	sfaction of judgment NOT entered as requested eason):
		<i>,</i>
Clerk,		
by, Deputy		Clerk, by, Deputy

Page 1 of 2

SC-220 Request to Mal	ke Payments	Cierk stamps here when form is lifed.
Read page 2 before you fill out this form.		-Attach form EJ-165
1 I am asking for permission to pay my small	I claims judgment in payments.	-Prevents further collections processes
My name is: Michael Green		
Mailing address: 823 White Oak Ave.,	Los Angeles, CA 90018	-Interest is usually waived as long as all payments are made
Phone: Email (option	onal):	
(2) On (date): 06/17/2024 , the court ma	ade the decision (judgment) that:	Fill in the court name and street address:
I owe (total amount): \$ 1,305.00		Superior Court of California, County of Fill in Court Name and Address
To (name of party you must pay): Elle Sr	mith	Example: Superior Court of California,
Mailing address: 123 Main Street, Los		County of Los Angeles Stanley Mosk Courthouse 111 N Hill St
Phone: Email (option	onal):	Los Angeles, CA 90012
		Fill in your case number and case name:
(3) I am asking for permission to make paymer amount all at once, because (explain):	nts, instead of paying the full	Case Number: Fill in your Case Number
If your answer will not fit in the space b your answer on a separate sheet of pape top.		Case Name: Fill in your Case Name
Paying the judgment in full will caus	e my family severe financial	hardship. I have too much debt
and not enough income to take care	of the basic needs of my fa	mily.
	1st day of each (mont	
b. Other payment schedule (specify):		
c. The total amount of payments is \$  The actual amount of that interest may shows how you calculated the interest.	y be different if the payments are	made late or early. (Attach a page that
d. ✓ The total amount of payments is the s interest will be owed on the judgment		
e.  Other (specify):		
<b>Warning!</b> If any payment is not made in cancel the payment plan and the	full and on time, the judgment continue unpaid balance will become	
I declare under penalty of perjury under the laws	s of the State of California that the	e information above is true and correct.
Date: <u>06/29/2024</u>	<b>k</b>	
Michael Green		Michael Green
Type or print your name	Sign here	

SHORT TITLE:	LEVYING OFFICER FILE NO.	COURT CASE NO.
Doe vs Jones		Fill in your
		Case Number

### FINANCIAL STATEMENT

(Wage Garnishment—Enforcement of Judgment

NOTE: If you are married, this form must be signed by your spouse unless you and your spouse are living separate and apart. If this form is not signed by your spouse, check the applicable box on the reverse in item 9.

NAME AGE RELATION	ONSHIF	Р ТО МЕ		Y TAKE-HOME E & SOURCE
a. Jenny Jones 20 S	Spouse			\$0.00
b. Mike Jones, Jr. 10 S	Son			\$0.00
c. Jaime Jones 15 D	Daughte	er		\$0.00
d.				
e.				
My monthly income				
a. My gross monthly pay is:			2a.	\$ 2,700
b. My payroll deductions are (specify purpose and amount):	•			
(1) Federal and state withholding, FICA, and SDI	\$	215.00		
(2) Medicare	_ \$	21.23		
(3) Life Insurance	_ \$	50.21		
(4) Retirement		159.34		
My TOTAL payroll deduction amount is (add (1) through (4			<u> </u>	\$ 445.78
c. My monthly take-home pay is (a minus b):			C.	\$ 2254.22
<ul><li>c. My monthly take-home pay is (a minus b):</li><li>d. Other money I get each month from (specify source):</li></ul>			c.	\$ 2254.22
d. Other money I get each month from (specify source):				
		is	d.	\$
d. Other money I get each month from (specify source):		is	d.	\$
d. Other money I get each month from (specify source):  e. TOTAL MONTHLY INCOME (c plus d)	roperty:	is	d.	\$ <u>2254.22</u>
d. Other money I get each month from (specify source):  e. TOTAL MONTHLY INCOME (c plus d)	roperty:	is	d.	\$ <u>2254.22</u>
d. Other money I get each month from (specify source):  e. TOTAL MONTHLY INCOME (c plus d)	roperty:	is	d.	\$ <u>2254.22</u>
d. Other money I get each month from (specify source):  e. TOTAL MONTHLY INCOME (c plus d)  I, my spouse, and my other dependents own the following pr  a. Cash  b. Checking, savings, and credit union accounts (list banks):  (1) LA Financial Savings	roperty:	is	d.	\$ <u>2254.22</u>
e. TOTAL MONTHLY INCOME (c plus d)  I, my spouse, and my other dependents own the following pr a. Cash  b. Checking, savings, and credit union accounts (list banks):  (1) LA Financial Savings	roperty:	is:	d.	\$ <u>2254.22</u>
d. Other money I get each month from (specify source):  e. TOTAL MONTHLY INCOME (c plus d)	roperty: - \$ _ - \$ _ - \$ _	is:	d. e	\$ <u>2254.22</u>
e. TOTAL MONTHLY INCOME (c plus d)  I, my spouse, and my other dependents own the following pr a. Cash b. Checking, savings, and credit union accounts (list banks):  (1) LA Financial Savings  Wells Fargo Checking  (3)	s	is:	d. e	\$ <u>2254.22</u>
d. Other money I get each month from (specify source):  e. TOTAL MONTHLY INCOME (c plus d)	s	is 150.00 750.00	d. e	\$ <u>2254.22</u>
d. Other money I get each month from (specify source):  e. TOTAL MONTHLY INCOME (c plus d)	s	is 150.00 750.00	d. e	\$ <u>2254.22</u>
d. Other money I get each month from (specify source):  e. TOTAL MONTHLY INCOME (c plus d)	s	is 150.00 750.00 1,500.00 5,000.00	d. e	\$ <u>2254.22</u> 0.00

Page 1 of 2

S	HORT TITLE:			LEV	YING OFFICER FILE NO.	COURT CASE NO.
г	oe vs Jones					Fill in your
	Joe vs Jones					Case Number
	The monthly expenses f a. Rent or house payme b. Food and household c. Utilities and telephon d. Clothing e. Medical and dental p f. Insurance (life, health g. School, child care h. Child, spousal suppo l. Transportation & auto j. Installment payments k. Laundry and cleaning l. Entertainment	ent and maintenar supplies	nce	nr payments in item 5)	b. \$ 3	Case Number  1,000.00  300.00  100.00  20.00  0.00  0.00  0.00  200.00  200.00  0.00  0.00  0.00  0.00  0.00  0.00  0.00  0.00  0.00  0.00
	m. Other (specify):				m. \$ _	0.00
	n. TOTAL MONTHLY E	EXPENSES (add	a through m):		n. \$ _	1,900.00
	l, my spouse, and my o	ther dependents	owe the following deb	ots: BALANCE OWED		'ED BY erson's name)
	WFN Financial	Toyota	\$250.00	\$4,500.00	Mike	e Jones
<ol> <li>7.</li> </ol>		usual expenses to led Attachment 6. olding order is no	help your creditor and t	he judge understand y	our budget) (descrii	be): (If more space is
8.			ow in effect with respect and monthly amount):	to my earnings or tho	se of my spouse or (	dependents named in
9.	My spouse has sig	ned below.				
	I have no spouse.  My spouse and I a	re living separate	and apart.			
ı ae				nia that the foregoing	s true and correct.	
	My spouse and I a			nia that the foregoing	is true and correct.	
	My spouse and I a	rjury under the lav		nia that the foregoing	040	ves
	My spouse and I a eclare under penalty of perte: 06/29/2024	rjury under the law		nia that the foregoing	is true and correct.  Mike Jon  (SIGNATURE)  GENNY FOR	<i>ves</i> ves

(SIGNATURE OF SPOUSE)

## Response to Request to Make **Payments**

Clerk stamps here when form is filed. -Respond within 10 days -File with the court Fill in the court name and street address: Superior Court of California, County of Fill in the Court Name and Address Example: Superior Court of California, County of Los Angeles Stanley Mosk Courthouse 111 N Hill St Los Angeles, CA 90012 Fill in your case number and case name: Case Number: Fill in vou Case Number Case Name: Fill in your Case Name

Read both sides of Form SC-220, Request to Make Payments, before you fill out this form. I am a judgment creditor in this small claims case. My name is: Elle Smith Mailing address: 123 Main Street, Los Angeles CA, 90022 Phone: \_\_\_\_\_ The judgment debtor who asked to make payments in this case is: (Name): Michael Green ☐ I agree to accept the payment plan in the *Request*. I agree to accept a different payment plan (check and complete all that apply): a. ☑ Payments of \$ \_\_\_\_100.00 on the 1st day of each (month, week, other): month Starting (date): 08/01/2024, until (date of final payment): 10/01/2025; amount of final payment: \$ 5.00 b. ☐ Other payment schedule (*specify*): c. 

The total amount of payments is \$\_\_\_\_\_\_\_, which includes interest on the unpaid balance of the judgment. The actual amount of that interest may be different if the payments are made late or early. Attach a page that shows how you calculated the interest and write "SC-221, Item 4c" at the top. d. In the total amount of payments is the same as the judgment. If all payments are made in full and on time, no interest will be owed on the judgment, and the judgment will be paid in full. **Important!** If any payment is not made in full and on time, you may notify the court to cancel the payment plan and the entire unpaid balance will become due and collectible. (5) \( \subseteq \) I do not agree to accept payments because (explain): ☐ If your answer will not fit in the space below, check this box and attach your answer on a separate sheet of paper. Write "SC-221, Item 5" at the top. I declare under penalty of perjury under the laws of the State of California that the information above is true and correct. 07/05/2024 Date: Elle Smith Elle Smith

Type or print your name

## **Declaration of Default** in Payment of Judgment

**Important:** Read page 2 if this form was mailed to you or before you fill out this form. If you are the judgment debtor named in (2) and you disagree with this Declaration of Default in Payment of Judgment, you may file form SC-224, Response to Declaration of Default in Payment of Judgment, within 10 days after the declaration was mailed to you.

I am asking the court to order that the remaining balance of a small claims judgment is now due and collectible because payments were not made as the court ordered.

Mailing address: 2601 E Victoria St., Wilmington, CA 90220

Phone:	Email	(optional):	

The judgment debtor who has not made payments as the court ordered is (complete a separate form for each judgment debtor who has not paid as ordered):

Name: Joseph Jones

Phone:

Mailing address: 200 Easton Lane, Santa Monica, CA 90401

On (date):	05/12/2023	the court ordered that the judgment debtor named in
2 must pa	y me, or some	one who assigned the judgment to me, principal,

Email (optional):

prejudgment interest, and costs in the total amount of \$ 4,085.00

Clerk stamps here when form is filed.

-File with the court once payment plan has been broken

Fill in the court name and street address:

#### Superior Court of California, County of

Fill in the Court Name and Address

Example: Superior Court of California County of Los

Angeles

Stanley Mosk Courthouse 111 N Hill Street

Los Angeles, CA 90012

Fill in your case number and case name:

#### Case Number:

Fill in your Case Number

#### Case Name:

Fill in your Case Name

4	On (date):	06/20/2023	the court orde	ered that the ju	ıdgment debt	tor named in	ı( <b>2</b> ) may	pay the jud	gment d	escribed
	in (3) as fo	llows:	_		_					
	$\simeq$			4 4					44	

a. 🔽 Payments of \$_	100.00, on the	1st	_ day of each	(month,	week, other):	month
starting (date):	07/01/2023, uni	til (date of final)	payment):	PIF	; amount of fin	nal payment: \$_

b. Other payment schedule (*specify*): Note above: PIF stands for Paid in Full

The payments listed below, and no others, have been made on the judgment described in (3).

Check here if there is not enough space below. List the date and amount of each payment on a separate page and write "SC-223, Item 5" at the top.

		_					
Date	Amount	Date	Amount	Date	Amount	Date	Amount
07/01/2023	\$100.00	09/01/2023	\$100.00				
08/01/2023	\$100.00						

The total amount of the payments that have been made on the judgment described in (3) is \$ and the balance due, without adding any interest after the judgment, is \$ 3,785.00

I request interest on the judgment, in the amount of \$ 141.44 , calculated as follows:

Check here if there is not enough space below. Explain how you calculated interest on a separate page and write "SC-223, Item 7" at the top.

Interest prior to installment payment (05/12/2023 - 06/20/2023) = \$43.68 plus Interest after default on installment payments (10/02/2023 - 01/04/2024) = \$97.76 for a total of \$141.44

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

01/04/2024 Date:

Paul Johnson Type or print your name

Paul Johnson

Sign here

# Response to Declaration of Default in Payment of Judgment

mir aymont or odaginom	•				
<b>Important:</b> If you disagree with a judgment creditor's <i>Declar Payment of Judgment</i> (form SC-223), you may file <i>Response to Default in Payment of Judgment</i> (form SC-224) within 10 day SC-223 was mailed to you. Read page 2 before you fill out this	to Declaration of a safter form	I			
1 I am responding to <i>Declaration of Default in Payment of</i> (form SC-223).					
My name is: Joseph Jones					
Mailing address: 123 E Victoria St., Los Angele	s, CA 90020				
				nd street address:	
Phone: Email (optional):		Fill ir	n your Court Name	California, County of e and Address	
<b>2</b> The plaintiff or defendant (judgment creditor) who filed to of Default is:	the <i>Declaration</i>	Supe	nple: erior Court of Calif nty of Los Angeles		
Name: Paul Johnson			ley Mosk Courtho N Hill Street	use	
Mailing address: 200 Easton Lane, Santa Moni	ica, CA 9040		Angeles, CA 9001	2	
<del> </del>			your case numbe	r and case name:	
Phone:Email (optional):		— I	e Number:		
$\bigcirc$ I agree with the information in the <i>Declaration of De</i>	fault.	I	in your Cas	e Number	
			e Name:		
4 \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \			Fill in your Case Name		
item (4) of the Declaration of Default. (Describe you	ir disagreement	.)			
I do not agree with the dates or amounts of the paymer payments listed below have been made on the judgmer ☐ Check here if there is not enough space below. List the "SC-224, Item 5" at the top.	ent.				
Date Amount Date Amount	Date	Amount	Date	Amount	
10/01/2023 \$100.00 11/01/2023 \$100.00		\$100.00	01/01/2024	\$100.00	
02/02/2024 \$100.00   03/01/2024   \$100.00		\$100.00			
6 The total amount of the payments that have been made or without adding any interest after the judgment, is \$		is \$ <u>700</u>	.00 , and t	he balance due,	
7 I agree that interest in the amount of \$ 77.28  Default) may be added to the balance of the judgmen		sted in iter	n <b>7</b> of the <i>De</i>	claration of	
☐ I do not agree with the interest amount listed in item( amount of interest is \$, which I calcul			<i>Default</i> . I believ	ve the correct	
Check here if there is not enough space below. Explain "SC-224, Item 7" at the top.	how you calcular	ted interest (	on a separate po	ige and write	
Interest should be \$77.28 which was accrued pr					
mailed timely to the creditor but the payments fo		4, Februa	ry 2024, Mar	ch 2024, and	
April 2024 were returned by the post office as ur					
I declare under penalty of perjury under the laws of the State of	ot California tha	it the inform	mation above i	s true and correct.	
Date:04/22/2024 Joseph Jones	•	9.	oseph Jone.	ş	
Type or print your name	Sign here		- 1 June	<u>·</u>	
	2.5				

Clerk stamps here when form is filed.

EJ-001

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, address, and State Bar number): After recording, return to: Jane Doe	- File with the c	court				
123 Main St	#40 filips for (covered by For Maires)					
Los Angeles, CA 90001	- \$40 filing fee (covered by Fee Waiver)					
TEL NO.: FAX NO. (optional):	- Get a court st	amped copy and take it to the County				
E-MAIL ADDRESS (Optional):		e the Judgment Debtor's property is				
ATTORNEY JUDGMENT CREDITOR OF RECORD	located					
SUPERIOR COURT OF CALIFORNIA, COUNTY OF LOS Angeles						
STREET ADDRESS: 111 N Hill St	- Separate Cou	inty Recorder fee approximately \$110				
MAILING ADDRESS:	**NOTE: Reco	rding Fee is not covered by Court Fee				
city and zip code: Los Angeles, CA 90012	Waiver					
BRANCH NAME: Stanley Mosk Courthouse		FOR RECORDER'S USE ONLY				
PLAINTIFF: Jane Doe		CASE NUMBER:				
DEFENDANT: Mike Jones		Fill in your Case Number				
ABSTRACT OF JUDGMENT—CIVIL		FOR COURT USE ONLY				
AND SMALL CLAIMS	Amended	POR COURT USE UNLY				
1. The judgment creditor assignee of record						
applies for an abstract of judgment and represents the follow a. Judgment debtor's	ving:					
Name and last known address						
Mike Jones						
456 Central Ave	1					
Los Angeles, CA 90001						
b. Driver's license no. [last 4 digits] and state: 4576, CA	Unknown					
c. Social security no. [last 4 digits]:	Unknown					
d. Summons or notice of entry of sister-state judgment was	s personally served or	mailed to (name and address):				
Same as above						
2. Information on additional judgment debtors is	4 Information	n on additional judgment creditors is				
shown on page 2.	shown on page 2.					
<ol> <li>Judgment creditor (name and address):</li> <li>Jane Doe</li> </ol>	5. Original ab	stract recorded in this county:				
123 Main Street	a. Date:					
Los Angeles, CA 90012	b. Instrument N	No.:				
Date: 01/23/2024  Jane Doe		Iane Doe				
(TYPE OR PRINT NAME)		(SIGNATURE OF APPLICANT OR ATTORNEY)				
6. Total amount of judgment as entered or last renewed:	10. An	execution lien attachment lien				
\$ 2759.62		orsed on the judgment as follows:				
7. All judgment creditors and debtors are listed on this abstract						
8. a. Judgment entered on (date): 11/05/2024	b. In favor	of (name and address):				
b. Renewal entered on (date):						
9. This judgment is an installment judgment.	11. A stay of er					
[SEAL]	a. 🗸 no	ot been ordered by the court.				
		en ordered by the court effective until (ate):				
	•	ertify that this is a true and correct abstract of				
	the	e judgment entered in this action.				
This abstract issued on (date	e): b A	certified copy of the judgment is attached.				
	Clerk, by	, Deputy				
	Jichk, by	, Deputy				

Form Adopted for Mandatory Use Judicial Council of California EJ-001 [Rev. July 1, 2014]

				EJ-130
ATTORNEY OR PARTY WITHOUT ATTORNEY: STATE BAR NAME: Paul Jones	R NO.:		IRT USE ONLY	
FIRM NAME:		-\$40 filing fee		
STREET ADDRESS: 456 Goodland Ave	00040			
	CA ZIP CODE: 90012	-File 30 days after	er the final "No	otice
TELEPHONE NO.: FAX NO	O.:	of Entry of Judgr	nent" has bee	n filed
EMAIL ADDRESS:				
ATTORNEY FOR (name):  ATTORNEY FOR ORIGINAL JUDGMENT CREDITOR	DR ASSIGNEE OF RECORD	-Good for 6 mon		filed
SUPERIOR COURT OF CALIFORNIA, COUNTY OF LO	os Angeles	and issued by co	ourt	
STREET ADDRESS: 111 N Hill St				
MAILING ADDRESS: CITY AND ZIP CODE: Los Angeles, CA 90012		-See instruction :	sheet	
BRANCH NAME: Stanley Mosk Courthouse				
		CASE NUMBER:		
PLAINTIFF/PETITIONER: Paul Jones			lumbor	
DEFENDANT/RESPONDENT: Susan Smith		Fill in your Case N	Number	
✓ EXECUTION (Money Judgment	)	Limited Civil Ca		
WRIT OF POSSESSION OF Per	rsonal Property	(including Small (	,	
SALE Rea	al Property	Unlimited Civil (		
To the Sheriff or Marshal of the County of: L	os Angeles			
You are directed to enforce the judgment descril	bed below with daily interest an	d your costs as provided	by law.	
2. To any registered process server: You are au	thorized to serve this writ only i	n accordance with CCP 6	99.080 or CCP 71	5.040.
3. (Name): Paul Jones				
is the 🗸 original judgment creditor	assignee of record whose ad	dress is shown on this for	rm above the cour	i's name.
4. Judgment debtor (name, type of legal entity if i	not a 9. Writ of Posses	ssion/Writ of Sale informa	ation on next page	
natural person, and last known address):		sued on a sister-state judg		
			-	
		orm MC-012 and form M		
Susan Smith	11. Total judgment <i>(as e</i>	enterea or renewea)	\$ 4,085.00	
12223 Main Street	12. Costs after judgmen	t (CCP 685.090)	\$ 389.00	
Los Angeles, CA 90012	13. Subtotal (add 11 and	d 12)	\$ 4,474.00	
	14. Credits to principal (	after credit to interest)	\$ 64.00	
Additional judgment debtors on next page	15. Principal remaining	due (subtract 14 from 13)	\$ <u>4,410.00</u>	
5. Judgment entered on (date): 02/18/2024	16. Accrued interest rem	naining due per it on GC 6103.5 fees)	\$ 0.00	
(See type of judgment in item 22.)	, , ,	writ (per GC 70626(a)(l))	\$ 40.00	
<u> </u>	18. <b>Total amount due</b> (		\$ 4,450.00	
6 Judgment renewed on (dates):		add 10, 10, and 11)	Ψ 1, 100.00	
	19. <b>Levying officer:</b>	et from data of writ (at		
7. <b>Notice of sale</b> under this writ:	a. Add daily interes	st from date of writ (at		
a.  has not been requested.		)	\$ 1.21	
b. has been requested (see next page).	b. Pay directly to co	ourt costs included in		
8. Joint debtor information on next page.	11 and 17 (GC 6			
[SEAL]	CCP 699.520(j))		\$	
		called for in items 11–19 a amounts are stated for ea		ch
Date:	Clerk, b	у		, Deputy
NOTICE TO PE	RSON SERVED: SEE PAGE 3	FOR IMPORTANT INFO	RMATION.	Page 1 of 3

					EJ-130
ATTORNEY OR PARTY WITHOUT ATTORN NAME: Paris Parker	EY: STATE BAR NO.:			IRT USE ONLY	
FIRM NAME:			-\$40 filing fee		
STREET ADDRESS: 123 Market					
CITY: Los Angeles	STATE: CA	ZIP CODE: 90012	-Used when ther	e are 2 more	
TELEPHONE NO.:	FAX NO.:		defendants owin	g different	
EMAIL ADDRESS:			amounts on the	•	
ATTORNEY FOR (name):  ATTORNEY FOR  OI	RIGINAL JUDGMENT CREDITOR	ASSIGNEE OF RECORD		,	
			-		
SUPERIOR COURT OF CALIFOR		ingeles			
MAILING ADDRESS:					
CITY AND ZIP CODE: Los Angel	es, CA 90012				
BRANCH NAME: Stanley M	osk Courthouse				
PLAINTIFF/PETITIONER: Paris	s Parker		CASE NUMBER:		
DEFENDANT/RESPONDENT:			Fill in your Case N	Number	
▼ EXECUTION	N (Money Judgment)		✓ Limited Civil Ca	se	
WRIT OF POSSESSION		al Property	(including Small	Claims)	
SALE	Real Pro		Unlimited Civil (including Family		
To the Sheriff or Marshal	of the County of: Los /	Angeles		·	
You are directed to enforce		•	d your costs as provided	by law.	
2. To any registered proces	s server: You are authorize	zed to serve this writ only i	n accordance with CCP 6	699.080 or CCP 71	15.040.
3. (Name): Paris Parker					
is the original judgn	nent creditor assic	nee of record whose ad	dress is shown on this fo	rm above the cour	t's name.
			ssion/Writ of Sale informa		
4. <b>Judgment debtor</b> (name, natural person, and last known					•
riatural person, and last Kir	own address).		ued on a sister-state judg		
			orm MC-012 and form N		
Dale Dallas		11. Total judgment (as e	entered or renewed)	\$ Tip: Answe	
456 Hope St		12. Costs after judgmen	t (CCP 685.090)	\$ Questions	#11 - 18
Los Angeles, CA 90	0012	13. Subtotal (add 11 and	d 12)	on Attachm	ient 20
		14. Credits to principal (	after credit to interest)	\$	
Additional judgment	debtors on next page	15. Principal remaining	due (subtract 14 from 13)	\$	
5. Judgment entered on (da		16. Accrued interest ren	naining due per t on GC 6103.5 fees)	\$	
(See type of judgment in its		, , ,	writ (per GC 70626(a)(l))	\$	
	,			\$	
6 Judgment renewed of	on (dates):	18. Total amount due (	auu 10, 10, anu 11)	Ψ	
		19. Levying officer:	at from data of writ (at		
7. <b>Notice of sale</b> under this v		the legal rate on	st from date of writ (at		
a.  has not been rec	•		)	\$	
b has been reques	sted (see next page).		ourt costs included in		
8. Joint debtor informat	tion on next page.	11 and 17 (GC 6			
[SEAL]		CCP 699.520(j))		\$	
			alled for in items 11–19 a amounts are stated for ea		ch
	Date:	Clerk, b	У		_, Deputy
	NOTICE TO PERSO	N SERVED: SEE PAGE 3	FOR IMPORTANT INFO	RMATION.	Do d - C -
I -					Page 1 of 3

EJ-130 Plaintiff/Petitioner: Paris Parker CASE NUMBER: Fill in your Case Number Defendant/Respondent: Dale Dallas, et al 21. Additional judgment debtor(s) (name, type of legal entity if not a natural person, and last known address): Danka Divs 456 Hope St Los Angeles, CA 90012 22. The judgment is for (check one): wages owed. child support or spousal support. other. Small Claims Notice of sale has been requested by (name and address): Joint debtor was declared bound by the judgment (CCP 989-994) a. on (date): b. name, type of legal entity if not a natural person, and b. name, type of legal entity if not a natural person, and last known address of joint debtor: last known address of joint debtor: Additional costs against certain joint debtors are itemized: below on Attachment 24c. 25. (Writ of Possession or Writ of Sale) **Judgment** was entered for the following: Possession of real property: The complaint was filed on (date): (Check (1) or (2). Check (3) if applicable. Complete (4) if (2) or (3) have been checked.) The Prejudgment Claim of Right to Possession was served in compliance with CCP 415.46. The judgment includes all tenants, subtenants, named claimants, and other occupants of the premises. The Prejudgment Claim of Right to Possession was NOT served in compliance with CCP 415.46. (2) The unlawful detainer resulted from a foreclosure sale of a rental housing unit. (An occupant not named in the judgment may file a Claim of Right to Possession at any time up to and including the time the levying officer returns to effect eviction, regardless of whether a Prejudgment Claim of Right to Possession was served.) (See CCP 415.46 and 1174.3(a)(2).) (4) If the unlawful detainer resulted from a foreclosure (item 25a(3)), or if the Prejudgment Claim of Right to Possession was not served in compliance with CCP 415.46 (item 25a(2)), answer the following: The daily rental value on the date the complaint was filed was \$ (a) (b) The court will hear objections to enforcement of the judgment under CCP 1174.3 on the following dates (specify):

Item 25 continued on next page

Paris 123 I Los A ATTORN SUPE	Parker Market St Angeles, CA 90012  EY FOR (Name):	OF ATTORNEY OR PARTY WITHOUT ATTORNEY: ALIFORNIA, COUNTY OF LOS	STATE BAR NUMBER	-Attach to EJ- Execution	130 Writ of
PLAINTII	111 N Hill St., Los	Angeles, CA 90012			
DEFEND	Paris Parker				
DEI END	Dale Dallas,	et al		CASE NUMBER:	
٧	VRIT OF EXEC	CUTION - ATTACHM	ENT 20	Fill in your Ca	se Number
Line	Number/Item			Debtor #1	Debtor #2
11.	Total Judgment			\$ 5,000.00	\$ 2,000.00
12.	, ,	ent (per filed order or memo edure section 685.090)	pursuant to	\$ 95.00	\$ 0.00
13.	Subtotal (add 11 a	and 12)		\$ 5,095.00	\$ 2,000.00
14. Credits			\$ 0.00	\$ 0.00	
15. Subtotal (subtract 14 from 13)		\$ 5,095.00	\$ 2,000.00		
16. Interest after judgment (per filed affidavit pursuant to Code of Civil Procedure section 685.050)		\$ 82.19	\$ 32.87		
17. Fee for issuance of writ			\$ 20.00	\$ 20.00	
18.	<b>TOTAL</b> (add 15, 1	6, and 17)		\$ 5,197.19	\$ 2,052.87
19.	Levying officer:	(a) Add daily interest from (at the legal rate on line 1		\$ 1.37	\$ 0.57
		(b) Pay directly to court coin lines 11 and 17 (Gov. C §§ 6103.5, 68511.3; Code § 699.520, subd. (i))	Code,	\$ 0.00	\$ 0.00
Writ is	sued on:	ated		Executive Office	er/Clerk of Court
		В		uty Clerk	<del></del>

WRIT OF EXECUTION-ATTACHMENT 20

12 Lo	ne Doe 345 South St s Angeles, CA 900 DRNEY FOR (Name):	012		-File with the court, court will issue a replacement Writ
SU	PERIOR COURT (	OF CALIFORNIA, COUNTY OF L	OS ANGELES	
	RTHOUSE ADDRESS: 1 N Hill St., Rm 11	3, Los Angeles, CA 90012		
	NTIFF: ne Doe			
	ENDANT: I <b>m Smith</b>			
	APPLICATION	AND ORDER REGARDING LO	OST WRIT	Fill in your Case Number
		APPLICATION AND	DECLARATIO	N
1.	I, the <b></b> judgment c	reditor	v, apply for an orde	er for issuance of a new writ.
2.	On (date) 12. clerk, less than six r § 712.010.)	/16/2023 , a writ of execumenths ago. (If writ was issued more the	ition for the Count nan six months ag	y of Los Angeles was issued by the o, request a new writ. Code Civ. Prod
3.	The writ was deliver  ☐ sheriff ☐ other levying off ☑ The writ was no			
4.	<ul><li>✓ I have searched</li><li>☐ I have asked the</li></ul>	search for the writ as follows: my files and elsewhere in my office. sheriff, or other levying officer to searc attorney service to search for the writ.	ch for the writ.	
5.	The writ has not b	een located.		
6.	I request that a re	placement writ be issued.		
		under penalty of perjury, under the that the foregoing is true	and correct.	
01	I/20/2024	TYPE OR PRINT DECLARANT'S NAME  Jane Doe		ture of declarant  ane Doe
		54110 D00	<i>y</i>	
1. 2.	THE COURT ORD	ORE It the writ identified above is lost. DERS: Ile a new writ for the county named		
Date	d:			JUDICIAL OFFICER

NAME, ADDRESS, AND TELEPHONE NUMBER OF ATTORNEY OR PARTY WITHOUT ATTORNEY: STATE BAR NUMBER

Reserved for Clerk's File Stamp

Jane Doe 12345 South St Los Angeles, CA 900 ATTORNEY FOR (Name):	)12		-File with the court, court will issue a replacement Writ
COURTHOUSE ADDRESS: 111 N Hill St., Rm 11	OF CALIFORNIA, COUNTY OF L 3, Los Angeles, CA 90012	OS ANGELES	
PLAINTIFF: Jane Doe			
DEFENDANT: Sam Smith			CASE NUMBER:
APPLICATION	AND ORDER REGARDING LO	OST WRIT	Fill in your Case Number
	APPLICATION AND	DECLARATION	I
<ol> <li>I, the  judgment c</li> </ol>	reditor	, apply for an order	for issuance of a new writ.
2. On (date)12/ clerk, less than six r § 712.010.)	nonths ago. (If writ was issued more the	ution for the County han six months ago	of Los Angeles was issued by the request a new writ. Code Civ. Proc
<ul><li>3. The writ was deliver</li><li>✓ sheriff</li><li>☐ other levying off</li><li>☐ The writ was not</li></ul>			
<ul><li>☐ I have searched</li><li>✓ I have asked the</li></ul>	search for the writ as follows: my files and elsewhere in my office. sheriff, or other levying officer to searc attorney service to search for the writ.	ch for the writ.	
5. The writ has not be	een located.		
6. I request that a rep	placement writ be issued.		
I declare	under penalty of perjury, under the that the foregoing is true	and correct.	of California,
01/20/2024	Jane Doe		me Doe
2. THE COURT ORD	ORE t the writ identified above is lost. ERS: e a new writ for the county named		
Dated:		J	IUDICIAL OFFICER

STATE BAR NUMBER

Reserved for Clerk's File Stamp

NAME, ADDRESS, AND TELEPHONE NUMBER OF ATTORNEY OR PARTY WITHOUT ATTORNEY:

ATTORNEY OR PARTY WITHOUT ATTORNEY	STATE BAR NUMBER:	FOR COURT USE ONLY	
NAME: Paul Jones		-See instruction sheet	
FIRM NAME:		-See instruction sheet	
STREET ADDRESS: 456 Goodland Ave	••	-DMV Fees CCP 116.820 #1a (8)	
сіту: Los Angeles	STATE: CA ZIP CODE: 90012	-Biviv 1 ccs 001 110.020 #1a (0)	
TELEPHONE NO.:	FAX NO.:	-Statue Authorizing Cost: Service by a	
EMAIL ADDRESS:		Process Server CCP 1033.5	
ATTORNEY FOR (name):			
SUPERIOR COURT OF CALIFORNIA, COUNTY	OF Los Angeles	-For additional costs refer to CCP 685.010	
STREET ADDRESS: 111 N Hill Street MAILING ADDRESS:		through 685.110	
city and zip code: Los Angeles, CA 9001	2		
BRANCH NAME: Stanley Mosk	-	-If claiming anything other than interest,	
PLAINTIFF: Paul Jones		have copy mailed to the other party by a third party, complete second page, and file	
_		with court	
DEFENDANT: Susan Smith		With Court	
MEMORANDUM OF COSTS AFTER	JUDGMENT, ACKNOWLEDGMENT OF	CASE NUMBER:	
CREDIT, AND DECLARATION	ON OF ACCRUED INTEREST	Fill in your Case Number	
1. Postjudgment costs			
<u> </u>	nent incurred within the last two years (indicate	e if there are multiple items in any category):	
(1) 5		es Incurred Amount	
(1) Preparing and issuing abstract of		(07/2024 \$ 40.00 C	
<ul><li>(2) Recording and indexing abstract</li><li>(3) Filing notice of judgment lien on</li></ul>		08/2024 \$\$ 104.00 (Verify fee)	
	nt not satisfied by Code Civ. Proc.,	Ψ 	
§ 685.050 (specify county):	Tit flot satisfied by Gode Giv. 1 foc.,	Ψ	
(5) Levying officers fees, to extent r	ot satisfied by Code Civ. Proc	\$	
§ 685.050 or wage garnishment		/22/2024 60.00	
(6) Approved fee on application for		/23/2024 \$ 100.00	
	under Code Civ. Proc., § 708.110		
et seq.	0. 5. 0	•	
(7) Attorney fees, if allowed by Code		\$	
(8) Other: Bench Warrant	(Statute authorizing cost): CCP 685.080 03, t memorandum of costs (add (1)–(8))	<u>/05/2024</u> \$ 120.00 \$ 424.00	
b. All previously allowed postjudgment	, , , , , , , , , , , , , , , , , , , ,	\$ 424.00 \$ 0.00	
c. <b>Total</b> of all postjudgment costs (add		\$ 424.00	
2. Credits to interest and principal	a and by	Ψ	
a. I acknowledge total payments to date	in the amount of: \$ (including re	eturns on levy process and direct payments).	
	irst to the amount of accrued interest, and ther		
postjudgment costs allowed) as follow		credit to judgment principal \$ .	
b. Principal remaining due. The amou	int of judgment principal remaining due is \$	. (See Code Civ. Proc., § 680.300)	
3.  Accrued interest remaining due.	I declare interest accruing at the legal rate of	10% % on the unpaid principal amount	
	6 on the unpaid principal amount of \$_N/A or 0		
	udgment (form MC-013-INFO)) from the date of		
	other credits reducing the principal), remainin	<u> </u>	
4. I am the: judgment creditor	agent for the judgment creditor	attorney for the judgment creditor.	
correct, reasonable, and necessary, and	g the costs claimed above. To the best of my k	nowledge and belief, the costs claimed are	
	laws of the State of California that the foregoin	g is true and correct.	
Date: 04/18/2024		<b>3</b>	
Paul Jones Paul Jones			
(TYPE OR PRINT NAME) (SIGNATURE OF DECLARANT)			
, , , , , , , , , , , , , , , , , , , ,	NOTICE TO THE JUDGMENT DEBTOR	·	
If this memorandum of costs is filed at the	same time as an application for a writ of execu	ution, any statutory costs, not exceeding	
\$100 in aggregate and not already allowed	by the court, may be included in the writ of ex	recution. The fees sought under this	
memorandum may be disallowed by the co	ourt upon a motion to tax filed by the debtor, no	otwithstanding the fees having been	

included in the writ of execution. (Code Civ. Proc., § 685.070(e).) A motion to tax costs claimed in this memorandum must be filed within 10 days after service of the memorandum. (Code Civ. Proc., § 685.070(c).) Page 1 of 2

Short Title: CASE NUMBER: Jones vs. Smith Fill in your Case Number PROOF OF SERVICE ✓ Mail Personal Service 1. At the time of service I was at least 18 years of age and not a party to this legal action. My residence or business address is: 123 Main St. Los Angeles, CA 90022 ✓ I mailed or personally delivered a copy of the Memorandum of Costs After Judgment, Acknowledgment of Credit, and Declaration of Accrued Interest as follows (complete either a or b): a. Mail. I am a resident of or employed in the county where the mail occurred. (1) I enclosed a copy in an envelope AND (a) deposited the sealed envelope with the United States Postal Service with the postage fully prepaid. placed the envelope for collection and mailing on the date and at the place shown in items below following our ordinary business practices. I am readily familiar with this business's practice for collecting and processing correspondence for mailing. On the same day that correspondence is placed for collection and mailing, it is deposited in the ordinary course of business with the United States Postal Service in a sealed envelope with postage fully prepaid. (2) The envelope was addressed and mailed as follows: (a) Name of person served: Susan Smith (b) Address on envelope: 123 Main St., Los Angeles, CA 90012 (c) Date of mailing: 04/25/2024 (d) Place of mailing (city and state): Los Angeles, CA b. Personal delivery. I personally delivered a copy as follows. (1) Name of person served: (2) Address where delivered: (3) Date delivered: (4) Time delivered: I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct. 05/03/2024 Date: **Diana Jones** Diana Fones (TYPE OR PRINT NAME) (SIGNATURE OF DECLARANT)

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Clear this form

## INFORMATION SHEET FOR CALCULATING INTEREST AND AMOUNT OWED ON A JUDGMENT

#### What can the judgment creditor recover?

Under California law, the amount recoverable by a judgment creditor (the party to whom money is owed) includes:

- The total amount of the judgment entered by the court (principal), plus costs;
- Costs after judgment under Code of Civil Procedure section 685.070; and
- Accrued interest on the total amount.

#### **Costs After Judgment**

A judgment creditor is entitled to reimbursement for the "reasonable and necessary" costs of enforcing a judgment. These costs must be reported to the court within two years of the date incurred. The judgment amount includes costs ordered by the court after the judgment. (For information on recovering costs and a detailed list of costs that can be recovered, see Code of Civil Procedure sections 685.040, 685.050 et seq., 685.070(b), and 685.090; see also "Requesting Costs and Interest" below).

#### Accrued Interest (See Code Civ. Proc., §§ 685.010, 685.020(a), and Cal. Const., art. XV, § 1.)

Interest accrues on the unpaid principal of a judgment at the following legal rates:

- The rate of interest is 10% per year unless one of the following lower interest rates applies.
- The rate of interest is 7% per year if the judgment debtor (the party who owes the money) is a state or local government entity.
- The rate of interest is 5% per year if the judgment debtor is a natural person and the judgment meets all of the following requirements:
  - The judgment was entered or renewed after January 1, 2023.
  - The judgment is on a claim related to either personal debt (and the unpaid principal amount is under \$50,000) or medical expenses (and the unpaid principal amount is under \$200,000).
  - The judgment is not based on tortious or fraudulent conduct or for unpaid wages, damages, or penalties owed to an employee.

For judgments renewed after January 1, 2023, the 5% interest rate applies only to unpaid principal remaining after renewal. Note, for judgments that otherwise meet the above requirements and are renewed after January 1, 2023, the interest rate will change from 10% to 5% for any remaining unpaid principal if the unpaid principal has fallen below the above amounts.

Interest generally accrues from the date the judgment is entered. Interest begins to accrue on the amount of costs added to a judgment from the date ordered by the court or from the date costs are allowed following expiration of the time to object. If the judgment is payable in installments, interest accrues from the date each installment is due. On renewal of a judgment, unpaid interest that has accrued is added to the principal of the judgment and interest begins to accrue on the total renewed amount on the day the renewed judgment is entered.

#### **Requesting Costs and Interest**

To have costs and interest added to the enforceable amount owed, the judgment creditor must file and serve *Memorandum* of Costs After Judgment (form MC-012). On that form, the judgment creditor must include the exact amount of all costs and accrued interest. This means the judgment creditor is responsible for calculating the amount of interest that accrues on the judgment. It is useful to update this calculation after receiving payments.

#### **Crediting Payments Received**

Any payments received by the judgment creditor must be "credited" in a specific order. (Code Civ. Proc., § 695.220.) After specific costs go directly to the levying officer and to the court for fees, the judgment creditor is required to credit payments received first toward *accrued interest* and then toward the *judgment principal* (including costs approved by the court after entry of the judgment).

Page 1 of 3

#### Calculation of Interest on Judgment and Amount Due

The following are various formulas and examples to assist with the calculation of interest on a judgment using both a 5% and a 10% interest rate.

# <u>Calculating the Total Amount Due, Including Interest, on the date of payment, if there have been no prior payments or credits</u>

**Step 1:** Calculate the daily interest on a judgment. This is the amount of interest earned per day on a judgment. To calculate the daily interest, use the following formula:

**Formula:** (Total amount of judgment owed)  $\times$  (applicable interest rate) = interest earned per year. That number divided by 365 = amount of daily interest.

**Example:** Judgment debtor owes the judgment creditor \$5,000 (the "judgment principal").

5% Interest Rate	10% Interest Rate
\$5,000 × 0.05 = \$250 \$250/365 = \$0.69 daily interest	\$5,000 × 0.10 = \$500 \$500/365 = \$1.37 daily interest
The amount of interest earned will be \$0.69 per day as long as the unpaid amount remains \$5,000.	The amount of interest earned will be \$1.37 per day as long as the unpaid amount remains \$5,000.

**Step 2:** Count the total number of days that have passed since the court entered the final judgment up to the day of payment. Then calculate the amount of interest owed on the date of payment using the following formula.

**Formula:** (Total number of days since judgment was entered)  $\times$  (amount of interest per day, calculated in Step 1) = amount of interest owed on the date of payment.

**Example:** A \$5,000 judgment was entered on June 1 and the judgment debtor paid the judgment on September 8; 100 days from the entry of the judgment have passed.

5% Interest Rate	10% Interest Rate
The daily interest is \$0.69 (see above). \$0.69 per day $\times$ 100 days = \$69 interest owed on the date of payment	The daily interest is \$1.37 (see above). $$1.37 \text{ per day} \times 100 \text{ days} = $137 \text{ interest owed on the date of payment.}$
The judgment debtor owes \$69 in interest on the principal of \$5,000 on the date of payment.	The judgment debtor owes \$137 in interest on the principal of \$5,000 on the date of payment.

**Step 3:** Add the amount of interest that has accrued to the amount of the judgment.

5% Interest Rate	10% Interest Rate
\$5,000 judgment + \$69 interest = \$5,069	\$5,000 judgment amount + \$137 interest = \$5,137
The judgment debtor owes a total of \$5,069 on the 100th day after the court entered judgment.	The judgment debtor owes a total of \$5,137 on the 100th day after the court entered judgment.

#### Crediting partial payments and recalculating the amount due

If the judgment debtor does not pay all that is owed at one time, the partial payments the debtor makes are credited to the interest *first* and then to the judgment amount (the principal) owed.

**Example:** The judgment principal is \$5,000. After 200 days, the judgment debtor pays \$1,000.

#### Step 1: Calculate the amount of interest owed on the date of payment

5% Interest Rate	10% Interest Rate
The daily interest is \$0.69 (see above).	The daily interest is \$1.37 (see above).
$$0.69 \text{ per day} \times 200 \text{ days} = $138 \text{ interest owed on the}$	$1.37$ per day $\times$ 200 days = $274$ interest owed on the
date of payment	date of payment.

#### **Step 2: Apply payment to interest**

5% Interest Rate	10% Interest Rate
	The judgment debtor paid \$1,000, which first must be used to credit the \$274 of accrued interest.
That leaves a balance of \$862 (\$1,000 - \$138 = \$862) to be credited toward the \$5,000 principal.	That leaves a balance of \$726 ( $$1,000 - $138 = $726$ ) to be credited toward the \$5,000 principal.

#### **Step 3: Apply remainder to principal**

5% Interest Rate	10% Interest Rate
principal. The judgment debtor now owes \$4,138 on the	The remaining credit of \$726 is applied to the judgment principal. The judgment debtor now owes \$4,274 on the judgment principal (\$5,000 - \$726 = \$4,274).

#### Step 4: Calculate the new daily interest rate

5% Interest Rate	10% Interest Rate
	$\$4,274$ (new principal) $\times$ 10% = $\$427.40$ interest per year $\$427.40/365$ days = $\$1.17$ interest earned per day

**Example:** After 100 days, the judgment debtor makes a second payment of \$500. (Recalculate using steps 1-4.)

5% Interest Rate	10% Interest Rate
Amount of accrued interest over 100 days:	Amount of accrued interest over 100 days:
$100 \text{ days} \times \$0.57 \text{ daily interest} = \$57 \text{ total interest}$	$100 \text{ days} \times \$1.17 \text{ daily interest} = \$117 \text{ total interest}$
\$500 payment credited to interest first:	\$500 payment credited to interest first:
\$500 payment - \$57 interest = \$443 remaining	\$500 payment - \$117 interest = \$383 remaining
Remainder credited to principal:	Remainder credited to principal:
\$4,138 principal - \$443 remainder = \$3,695 new principal	\$4,274 principal - \$383 remaining = \$3891 new principal
Calculate new daily interest:	Calculate new daily interest:
$$3,695 \times 5\% = $184.75/365 = $0.51$ interest per day	$$3,891 \times 10\% = $389.10/365 = $1.07 \text{ interest per day}$

INFORMATION SHEET FOR CALCULATING INTEREST AND AMOUNT OWED ON A JUDGMENT

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**Print this form** 

			WG-001
ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, State Bar number, and address):		LEVYING OFFICER (Name and Address):	
Penny Anderson		-Form is available at the	
456 Park Street., Los Angeles, CA 90002		Sheriff's Office	
TELEPHONE NO.: FAX NO.:		Sheriii's Office	
E-MAIL ADDRESS:		D # 16 0ED 0	0.4./4
ATTORNEY FOR (Name):		-Don't need form SER-0	U1/A
SUPERIOR COURT OF CALIFORNIA, COUNTY OF Los Angeles			
STREET ADDRESS: 111 N Hill St			
CITY AND ZIP CODE: Los Angeles, CA 90012			
BRANCH NAME: Stanley Mosk Courthouse			
PLAINTIFF/PETITIONER: Penny Anderson		COURT CASE NUMBER:	
DEFENDANT/RESPONDENT: Michael Bray		Fill in your Case Number	
,			4
APPLICATION FOR EARNINGS WITHHOLDING	ORDER	LEVYING OFFICER FILE NUMBER:	
(Wage Garnishment)			
TO THE SHERIFF OR ANY MARSHAL OR CONSTABLE OF THE CO	DUNTY OF: Los A	ingeles	
OR ANY REGISTERED PROCESS SERVER			requests
<ol> <li>The judgment creditor (name): Penny Anderson issuance of an Earnings Withholding Order directing the employer</li> </ol>	to withhold the earni		•
Name and address of employer		me and address of employee	oyee).
Happy Hour Restaurant	Michael Br	· ·	
77 Noble Avenue	678 Centra	•	
Los Angeles, CA 90011		es, CA 90001	
2. The amounts withheld are to be paid to	-	no. on form WG-035 unknown	
<ul> <li>The attorney (or party without an attorney)</li> <li>named at the top of this page.</li> </ul>	b Other	(name, address, and telephone)	:
<ul> <li>a. Judgment was entered on (date): 06/28/2020</li> <li>b. Collect the amount directed by the Writ of Execution unless a least of the Arrival and the Writ of Execution was issued to collect delinquent and spouse of the employee.</li> <li>b. The Writ of Execution was issued to collect a judgment be abuse.</li> <li>c. The Writ of Execution was issued to collect a judgment be abuse.</li> <li>The amount that arises from the claim for elder or dependent to the Special instructions (specify):</li> </ul>	mounts payable for the pased entirely on a classed in part on a classed entire pa	ne <b>support</b> of a child, former spou aim for elder or dependent adult fir im for elder or dependent adult fir	inancial
<ul> <li>6. Check a or b: <ul> <li>a. I have not previously obtained an order directing this emore</li> <li>b. I have previously obtained such an order, but that order</li> <li>was terminated by a court order, but I am entitled provisions of Code of Civil Procedure section 706.</li> <li>was ineffective.</li> </ul> </li> <li>Penny Anderson <ul> <li>(TYPE OR PRINT NAME)</li> </ul> </li> <li>I declare under penalty of perjury under the laws of the State of Califor Date: 10/17/2024 <ul> <li>Penny Anderson</li> </ul> </li> </ul>	(check one): to apply for another E. 105(h).	Earnings Withholding Order under  Penny Inderson	<i>)</i> /
(TYPE OR PRINT NAME)	× 8	(SIGNATURE OF DECLARANT)	Page 1 of 1
Form Adopted for Mandatory Use APPLICATION FOR FARNIN	IGS WITHHOLDIN		cedure, § 706.121

Judicial Council of California WG-001 [Rev. January 1, 2012]

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

www.courts.ca.gov

## [NOT FOR WAGE GARNISHMENT] RETURN TO LEVYING OFFICER. DO NOT FILE WITH COURT

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, State Bar number, and address):	FOR LEVYING OFFICER USE ONLY
Steven Jones	(Levying Officer Name and Address)
654 Central Ave	Form is used for Love Mooner
Los Angeles, CA 90002	- Form is used for Levy, Keeper,
TELEPHONE NO.: 213-888-8888 FAX NO. (Optional):	Rent Levy, etc.
E-MAIL ADDRESS (Optional):	- File with Sheriff along with
ATTORNEY FOR (Name):	EJ-165 (1 original, 1 copy)
SUPERIOR COURT OF CALIFORNIA, COUNTY OF Los Angeles	the date the money was taken
STREET ADDRESS: 111 N. Hill St.	out.
MAILING ADDRESS:	out.
CITY AND ZIP CODE: Los Angeles, CA 90012	
BRANCH NAME: Stanley Mosk Courthouse	
PLAINTIFF/PETITIONER: Jane Wright	LEVYING OFFICER FILE NUMBER:
DEFENDANT/RESPONDENT: Steven Jones	
CLAIM OF EXEMPTION (Enforcement of Judgment)	FOR COURT USE ONLY
Copy all the information required above (except the top left space) from	the Notice
of Levy. The top left space is for your name or your attorney's name and	
The original and one copy of this form must be filed with the levying off	icer.
1. My name is: Steven Jones	
2. Papers should be sent to:	
x me.	
my attorney (I have filed with the court and served on the judgmen	t creditor a
request that papers be sent to my attorney and my attorney has co	onsented in Case Number:
writing on the request to receive these papers.)	19STSC12345
at the address shown above following (specify):	
3. I am not the judgment debtor named in the notice of levy. The name known address of the judgment debtor <i>is (specify):</i>	e and last
4. The property I claim to be exempt is (describe):  Bank Account	
<ol> <li>The property is claimed to be exempt under the following code and section CCP 704.080</li> </ol>	(specify):
6. The facts which support this claim are (describe):	
These are public benefits money I receive.	
7. The claim is made pursuant to a provision exempting property to the and the spouse and dependents of the judgment debtor. <b>A Financia</b>	,, , , , ,
8. The property claimed to be exempt is	
<ul> <li>a. a motor vehicle, the proceeds of an execution sale of a modernification for the loss, damage, or destruction of a modernification.</li> </ul>	
b. tools, implements, materials, uniforms, furnishings, books, or other personal property used in the trade, business or p	
c. all other property of the same type owned by the judgment debtor	r, either alone or in combination with others, is (describe):
9. The property claimed to be exempt consists of the loan value of unnannuity policies) or benefits from matured life insurance policies (incorproperty of the same type owned by the judgment debtor or the spowith others, is <i>(describe):</i>	cluding endowment and annuity policies). All other
I declare under penalty of perjury under the laws of the State of California that Date: 06/03/2019	t the foregoing is true and correct.
Steven Jones	Steven Jones
(TYPE OR PRINT NAME)	(SIGNATURE OF DECLARANT) Page 1 of 1

Form Approved by the Judicial Council of California EJ-160 [Rev. January 1, 2009]

RETURN TO LEVTING OFFICER. DO NOT FILE WI	IN COOKI WG-000
ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, State Bar number, and address):  Michael Bray	FOR LEVYING OFFICER USE ONLY (Levying Officer Name and Address)
456 Central Ave	
Los Angeles, CA 90001	File with Sheriff:
	- Original WG-006 plus 1 copy - Original EJ-165 plus 1 copy
TELEPHONE NO.: 213-555-5555 FAX NO. (Optional):	Original 20 100 plus 1 copy
E-MAIL ADDRESS (Optional):  ATTORNEY FOR (Name):	
SUPERIOR COURT OF CALIFORNIA, COUNTY OF Los Angeles	-
STREET ADDRESS: 111 N. Hill St.	
MAILING ADDRESS:	
CITY AND ZIP CODE:  BRANCH NAME:  BRANCH NAME:  Stanloy Mack Courthouse	
Startley Wosk Courthouse	-
PLAINTIFF/PETITIONER: Penny Smith  DEFENDANT/RESPONDENT: Michael Bray	
•	LEVYING OFFICER FILE NUMBER:
CLAIM OF EXEMPTION (Wage Garnishment)	LEVTING OFFICER FILE NOWIBER.
(Wage Garmsmitt)	FOR COURT USE ON V
READ EMPLOYEE INSTRUCTIONS (FORM WG-003)	FOR COURT USE ONLY
BEFORE COMPLETING THIS FORM	
Copy all the information required above (except the top left space) from the	
Earnings Withholding Order. The top left space is for your name or your attorney's	
name and address. The original and one copy of this form with the Financial	
Statement attached must be filed with the levying officer.  DO NOT FILE WITH THE COURT.	
be not the min the cook!	
1. My name is: Michael Bray	
2. I need the following earnings to support myself or my family (check a or b):	CASE NUMBER:
a. X All earnings.	19STSC12345
b \$ each pay period.	
3. Please send all papers to	
X me	
my attorney	
at the address X shown above following (specify):	
4. I am willing for the following amount to be withheld from my earnings each pay period that the judgment creditor can accept this offer by not opposing the Claim of Ex	
sum being withheld each pay period (check a or b):	emption, which will result in the following
, , , , , , , , , , , , , , , , , , ,	
a. X None	
b. Withhold \$ each pay period.	
5. I am paid	
daily every two weeks monthly	
weekly x twice a month other (specify):	
NOTE: You must attach a properly completed Financial Statement form to this Clai	m of Exemption.
The Financial Statement form is available without charge from the levying officer.	
I declare under penalty of perjury under the laws of the State of California that the foregoi	ng is true and correct.
Date: 07/14/2019	
Michael Bray	Michael Bray
(TYPE OR PRINT NAME)	(SIGNATURE OF DECLARANT)
	Page 1 of
Form Approved for Optional Use Judicial Council of California	Code of Civil Procedure, § 706.12- www.courts.ca.go
WG-006 [Rev. January 1, 2009] (Wage Garnishment)	D 100

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

(Wage Garnishment)

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#### **EXEMPTIONS FROM THE ENFORCEMENT OF JUDGMENTS**

The following is a list of assets that may be exempt from levy in enforcing a judgment.

Exemptions are found in the United States Code (USC) and in the California codes, primarily the Code of Civil Procedure (CCP).

Because of periodic changes in the law, the list may not include all exemptions that apply in your case. The exemptions may not apply in full or under all circumstances. Some are not available after a certain period of time. You or your attorney should read the statutes.

If you believe the assets that are being levied on are exempt, file the claim of exemption form that you received with the *Notice of Levy* packet.

AMOUNT OF EXEMPTIONS: For the exemption amount, please refer to the code section listed below for each type of property. The current amounts of certain exemptions are listed in *Current Dollar Amounts of Exemptions From Enforcement of Judgments* (form EJ-156). The amounts of some of the exemptions are amended every three years and become effective immediately on April 1 under the provisions of Code of Civil Procedure section 703.150.

Type of Property	Code and Section	Type of Property	Code and Section
ABLE Accounts	Welf & I C § 4880(c)	Benefit Payments (cont.)	
Accounts (See Deposit Accounts)		Relocation Benefits	CCP § 704.180
Appliances	CCP § 704.020	Retirement Benefits	• • • • • • • • • • • • • • • • • • • •
Art and Heirlooms	CCP § 704.040	and Contributions:	
Automobiles	CCP § 704.010	Private	CCP § 704.115
BART District Benefits	CCP § 704.110	Public	CCP § 704.110
	Pub Util C § 28896	Segregated Benefit Funds	Ins C § 10498.5
Benefit Payments:		Social Security Benefits	42 USC § 407
BART District Benefits	CCP § 704.110	Strike Benefits	CCP § 704.120
	Pub Util C § 28896	Supplemental Security Income	42 USC § 1383
Charity	CCP § 704.170	.,,,	42 USC § 407(d)
Civil Service Retirement		Transit District Retirement	000 3 .o. (a)
Benefits (Federal)	5 USC § 8346	Benefits (Alameda and	
County Employees		Contra Costa Counties)	CCP § 704.110
Retirement Benefits	CCP § 704.110	Unemployment Benefits	Pub Util C § 25337
	Govt C § 31452	and Contributions	CCP § 704.120
Disability Insurance Benefits	CCP § 704.130	Veterans Benefits	38 USC § 5301
Fire Service Retirement  Benefits	CCP § 704.110	Veterans Medal of Honor	00 000 3 000 .
Deficits	Govt C § 32210	Benefits	38 USC § 1562
Fraternal Organization	GOVI C § 32210	Welfare Payments	CCP § 704.170
Funds Benefits	CCP § 704.130	•	Welf & I C § 17409
20	CCP § 704.170	Workers Compensation	CCP § 704.160
Health Insurance Benefits	CCP § 704.130	Boats	CCP § 704.060
Irrigation System	3		CCP § 704.710
Retirement Benefits	CCP § 704.110	Books	CCP § 704.060
Judges Survivors Benefits		Building Materials (Residential)	CCP § 704.030
(Federal)	28 USC § 376(n)	Business:	-
Legislators Retirement		Licenses	CCP § 695.060
Benefits	CCP § 704.110		CCP § 699.720(a)(1)
Life Insurance Benefits:	Govt C § 9359.3	Tools of Trade	CCP § 704.060
Group	CCP § 704. 100	Cars and Trucks (including	CCD \$ 704 040
Individual	CCP § 704. 100	proceeds)	CCP § 704.010
Lighthouse Keepers	3	Cash	CCP § 704.070
Surviving Spouses Benefits	33 USC § 775	Cemeteries:  Land Proceeds	Health & SC § 7925
Longshore & Harbor Workers	3	Plots	CCP § 704.200
Compensation or Benefits	22 1150 5 046	Charity	CCP § 704.200
·	33 USC § 916	Claims, Actions and Awards:	001 3704.170
Military Benefits:		Personal Injury	CCP § 704.140
Retirement	10 USC § 1440	Worker's Compensation	CCP § 704.160
Survivors	10 USC § 1450	Wrongful Death	CCP § 704.150
Municipal Utility District		Clothing	CCP § 704.020
Retirement Benefits	CCP § 704.110	Condemnation Proceeds	CCP § 704.720(b)
Peace Officers Retirement	Pub Util C § 12337		3 70 1.120(0)
Benefits	CCP § 704.110	County Employees Retirement Benefits	
5 . 5	Govt C § 31913	Deficitis	CCP § 704.110
Pension Plans (and Death Benefits):		Domogoo (Soo Paragnal Injury	Govt C § 31452
Private	CCD \$ 704 115	Damages (See Personal Injury and Wrongful Death)	
Public	CCP § 704.115 CCP § 704.110	· ,	
Public Assistance	CCP § 704.110 CCP § 704.170	Deposit Accounts:	CCD \$ 704 220
	Welf & I C § 17409	Deposit Accounts (bardship)	CCP § 704.220
	2 2 <b>3</b>	Deposit Accounts (hardship)	CCP § 704.225

#### **EXEMPTIONS FROM THE ENFORCEMENT OF JUDGMENTS**

(Continued)			
Type of Property  Deposit Accounts (cont.)	Code and Section	Type of Property  Motor Vehicle (Including	Code and Section
Escrow or Trust Funds	Fin C § 17410	Proceeds)	-
Social Security Direct Deposits	CCP § 704.080	Municipal Utility District	CCP § 704.060 CCP § 704.110
Direct Deposit Account: Social Security	CCP § 704.080	Retirement Benefits	Pub Util C § 12337
Supplemental Security Income	CCP § 704.080	Benefits	CCP § 704.110 Govt C § 31913
Public Benefits	CCP § 704.080 CCP § 704.130	Private	CCP § 704.115
Dwelling House	CCP § 704.740	Public	CCP § 704.110 CCP § 704.020
Earnings	CCP § 704.070 CCP § 706.050	Personal Injury Actions	CCP § 704.020
Educational Grant	15 USC § 1673(a) Ed C § 21116	or Damages	CCP § 704.140 CCP § 704.090
Employment Bonds	Lab C § 404	Property Not Subject to	3.0
Federal Emergency Management Agency (FEMA) funds	CCP § 704.230	Enforcement of Money  Judgments	CCP § 704.210
Financial Assistance:		Prosthetic and Orthopedic Devices	CCP § 704.050
Charity	CCP § 704.170 CCP § 704.170	Provisions (for Residence)	CCP § 704.020
0	Welf & I C § 17409	Public Assistance	CCP § 704.170 Welf & I C § 17409
Student Aid	CCP § 704.190	Public Employees: Death Benefits	CCP § 704.110
Fire Service Retirement	CCP § 704.110 Govt C § 32210	Pension	CCP § 704.110 CCP § 704.110
Fraternal Organizations	-	Vacation Credits	CCP § 704.113
Funds and Benefits	CCP § 704.130 CCP § 704.170	Railroad Unemployment	45 USC § 231m
Fuel for Residence	CCP § 704.020 CCP § 704.020	Insurance	45 USC § 352(e)
General Assignment for	•	Retirement Benefits and	CCP § 704.180
Benefit of Creditors	CCP § 1801 CCP § 704.050	Contributions:  Private	CCP § 704.115
Health Insurance Benefits	CCP § 704.130	Public	CCP § 704.110 Ins C § 10498.5
Building Materials	CCP § 704.030	Scholarshare (Higher Education	1113 0 8 10490.5
Dwelling House	CCP § 704.740 CCP § 704.720	Savings)	
	CCP § 704.730	Segregated Benefit Funds	Ins C § 10498.6 50 USC § 523(b)
Housetrailer	CCP § 704.710 CCP § 704.710	Social Security	42 USC § 407
Homestead	CCP § 704.720	Social Security Direct Deposit Strike Benefits	CCP § 704.080 CCP § 704.120
Household Furnishings	CCP § 704.730 CCP § 704.020	Supplemental Security Income	42 USC § 1383(d)
Insurance:	-	Chudoot Aid	42 USC § 407
Disability Insurance Fraternal Benefit Society	CCP § 704.110	Student Aid	CCP § 704.190 CCP § 704.060
Group Life	CCP § 704.100	Transit District Retirement Benefits (Alameda and Contra	-
Individual	CCP § 704.100	Costa Counties)	CCP § 704.110
Motor Vehicle	CCP § 704.010	Travelers Check Sales Proceeds	Pub Util C § 25337 Fin C § 1875
Irrigation System Retirement Benefits	CCP § 704.110	Unemployment Benefits and Contributions	CCP § 704.120
Jewelry	CCP § 704.040	Uniforms	CCP § 704.060
(Federal)	28 USC § 376(n)	Employees)	CCP § 704.113
Legislators Retirement Benefits	CCP § 704.110	Veterans Benefits	38 USC § 5301
Licenses	Govt C § 9359.3 CCP § 695.060	Benefits	38 USC § 1562 CCP § 704.070
Lighthouse Keepers Surviving	CCP § 720(a)(1)		CCP § 706.050
Spouses Benefit	33 USC § 775	Welfare Payments	CCP § 706.051 CCP § 704.170
Longshore and Harbor Workers  Compensation or Benefits	33 USC § 916	Workers Compensation	Welf & I C § 17409
Military Benefits: Retirement Survivors	10 USC § 1440 10 USC § 1450	Claims or Awards	CCP § 704.160
Military Personnel—Property	50 USC § 3934	Damages	CCP § 704.150

EJ-155 [Rev. September 1, 2021]

## CURRENT DOLLAR AMOUNTS OF EXEMPTIONS FROM ENFORCEMENT OF JUDGMENTS Code of Civil Procedure sections 703.140(b) and 704.010 et seg.

#### **EXEMPTIONS UNDER SECTION 703.140(b)**

The following lists the current dollar amounts of exemptions from enforcement of judgment under Code of Civil Procedure section 703.140(b) used in a case under title 11 of the United States Code (bankruptcy).

These amounts are effective April 1, 2022. Unless otherwise provided by statute after that date, they will be adjusted at each three-year interval, ending on March 31. The amount of the adjustment to the prior amounts is based on the change in the annual California Consumer Price Index for All Urban Consumers for the most recent three-year period ending on the preceding December 31, with each adjusted amount rounded to the nearest \$25. (See Code Civ. Proc., § 703.150(e).)

Code Civ. Proc., § 703.140(b)	Type of Property	<b>Amount of Exemption</b>
(1)	The debtor's aggregate interest in real property or personal property that the debtor or a dependent of the debtor uses as a residence, or in a cooperative that owns property that the debtor or a dependent of the debtor uses as a residence	\$ 31,950
(2)	The debtor's interest in one or more motor vehicles	\$ 6,375
(3)	The debtor's interest in household furnishings, household goods, wearing apparel, appliances, books, animals, crops, or musical instruments, that are held primarily for the personal, family, or household use of the debtor or a dependent of the debtor (value is of any particular item)	\$ 800
(4)	The debtor's aggregate interest in jewelry held primarily for the personal, family, or household use of the debtor or a dependent of the debtor	\$ 1,900
(5)	The debtor's aggregate interest, plus any unused amount of the exemption provided under paragraph (1), in any property	\$ 1,700
(6)	The debtor's aggregate interest in any implements, professional books, or tools of the trade of the debtor or the trade of a dependent of the debtor	\$ 9,525
(8)	The debtor's aggregate interest in any accrued dividend or interest under, or loan value of, any unmatured life insurance contract owned by the debtor under which the insured is the debtor or an individual of whom the debtor is a dependent	\$ 17,075
(11)(D)	The debtor's right to receive, or property traceable to, a payment on account of personal bodily injury of the debtor or an individual of whom the debtor is a dependent	\$ 31,950

# CURRENT DOLLAR AMOUNTS OF EXEMPTIONS FROM ENFORCEMENT OF JUDGMENTS Code of Civil Procedure sections 703.140(b) and 704.010 et seq.

#### **EXEMPTIONS UNDER SECTION 704.010 et seg.**

The following lists the current dollar amounts of exemptions from enforcement of judgment under title 9, division 2, chapter 4, article 3 (commencing with section 704.010) of the Code of Civil Procedure.

The amount of the automatic exemption for a deposit account under section 704.220(a) is effective July 1, 2023, and unless otherwise provided by statute after that date, will be adjusted annually, effective July 1, by the Department of Social Services under Welfare and Institutions Code section 11453 to reflect the minimum basic standard of care for a family of four as established by § 11452.\*

The other amounts are all effective April 1, 2022. Unless otherwise provided by statute after that date, they will be adjusted at each three-year interval, ending on March 31. The amount of the adjustment to the prior amounts is based on the change in the annual California Consumer Price Index for All Urban Consumers for the most recent three-year period ending on the preceding December 31, with each adjusted amount rounded to the nearest \$25. (See Code Civ. Proc., § 703.150(e).)

Code Civ. Proc. Section	Type of Property	Amount of Exemption
704.010	Motor vehicle (any combination of aggregate equity, proceeds of execution sale, and proceeds of insurance or other indemnification for loss, damage, or destruction)	\$ 3,625
704.030	Material to be applied to repair or maintenance of residence	\$ 3,825
704.040	Jewelry, heirlooms, art	\$ 9,525
704.060	Personal property used in debtor's or debtor's spouse's trade, business, or profession (amount of exemption for commercial motor vehicle not to exceed \$4,850)	\$ 9,525
704.060	Personal property used in debtor's and spouse's common trade, business, or profession (amount of exemption for commercial motor vehicle not to exceed \$9,700)	\$ 19,050
704.220	Deposit account, generally (exemption without claim; amount per judgment debtor, section 704.220(a),(e)) <sup>1</sup>	\$ 2,080*
704.080	Deposit account with direct payment of social security or public benefits (exemption without claim, section 704.080(b)) <sup>2</sup>	
	<ul> <li>Public benefits, one depositor is designated payee</li> </ul>	\$ 1,900
	<ul> <li>Social security benefits, one depositor is designated payee</li> </ul>	\$ 3,825
	<ul> <li>Public benefits, two or more depositors are designated payees<sup>3</sup></li> </ul>	\$ 2,825
	<ul> <li>Social security benefits, two or more depositors are designated payees<sup>3</sup></li> </ul>	\$ 5,725
704.090	Inmate trust account	\$ 1,900
	Inmate trust account (restitution fine or order)	\$ 325 <sup>4</sup>
704.100	Aggregate loan value of unmatured life insurance policies	\$ 15,250

This exemption does not preclude or reduce other exemptions for deposit accounts. However, if the exemption amount for the deposit account applicable under other automatic exemptions—such as those applicable for direct deposit of social security benefits or public benefits—is greater under the other exemptions, then those apply instead of this one. (Code Civ. Proc., § 704.220(b).)

EJ-156 [Rev. July 24, 2023]

<sup>2</sup> The amount of a deposit account with direct deposited funds that exceeds exemption amounts shown is also exempt to the extent it consists of payments of public benefits or social security benefits. (Code Civ. Proc., § 704.080(c).)

<sup>3</sup> If only one joint payee is a beneficiary of the payment, the exemption is in the amount available to a single designated payee. (Code Civ. Proc., § 704.080(b)(3) and (4).)

<sup>4</sup> This amount is not subject to adjustments under Code Civ. Proc., § 703.150.

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name and Address):	TELEPHONE NO.:	FOR COUR	T USE ONLY
Jane Doe	213-444-5555	Soo procedure n	nanual for
123 Main St		See procedure n instructions.	nanuai iui
Los Angeles, CA 90001		instructions.	
ATTORNEY FOR (Name):			
NAME OF COURT:			
STREET ADDRESS: 111 N. Hill St.			
MAILING ADDRESS:			
CITY AND ZIP CODE: Los Angeles, CA 90012			
BRANCH NAME: Stanley Mosk Courthouse			
PLAINTIFF: Jane Doe			
BEEFIDANT			
DEFENDANT: Mike Jones			
		LEVYING OFFICER FILE NO.:	COURT CASE NO.:
NOTICE OF OPPOSITION TO CLAIM OF EXE	MPTION		19STSC12345
(Enforcement of Judgment)			10010012040
— DO NOT USE THIS FORM	FOR WAGE GARNISHI	MENTS —	
The original of this form and a Notice of Hearing on Claim of	Exemption must be file	d with the court.	
A copy of this Notice of Opposition and the Notice of Hearing	•		
A copy of this Notice of Opposition and the Notice of Hearing			d other claimant at
least 10 days before the hearing.	,		
TO THE LEVYING OFFICER:			
	2 Name and addre	oss of judament debter	
Name and address of judgment creditor		ess of judgment debtor	
Jane Doe	Mike Jones		
123 Main St	456 Central		I
Los Angeles, CA 90001	Los Angeles,	CA 90001	
	01-1011	l	
	•	lumber (if known):	
3. Name and address of claimant (if other than judgme	ent debtor)		
_	$\neg$		
·	·		
	1		
4. The notice of filing claim of exemption states it was mailed	on (date): 12/30/2018		
The item or items claimed as exempt are	on (dato): 12/30/2010		
a. not exempt under the statutes relied upon in the	Claim of Evamption		
b. X not exempt because the judgment debtor's equity		int provided in the ever	motion
- (1) - (1) - (1)	is greater than the amot	ini provided in the exe	приоп.
c otner (speciny):			
6. The facts necessary to support item 5 are			
continued on the attachment labeled Attachment 6.			
as follows.			
\$350 Entertainment Excessive			
\$200 Clothing Excessive			
I declare under penalty of perjury under the laws of the State	of California that the foreg	going is true and correc	ot.
D-1- 01/02/2010			
Date: 01/02/2019	Iona Das		
Jane Doe	Jane Doe		
(TYPE OR PRINT NAME)		{SIGNATURE OF DECLARAN	IT)

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, State Bar number, and address):  Jane Doe  123 Main Street  Los Angeles, CA 90001  TELEPHONE NO.: 213-444-5555  E-MAIL ADDRESS: ATTORNEY FOR (Name):  SUPERIOR COURT OF CALIFORNIA, COUNTY OF Los Angeles  STREET ADDRESS: 111 N. Hill St  MAILING ADDRESS: CITY AND ZIP CODE: Los Angeles, CA 90012  BRANCH NAME: Stanley Mosk Courthouse	See procedure manual for instructions
PLAINTIFF/PETITIONER: Jane Doe DEFENDANT/RESPONDENT: Michael Jones	COURT CASE NUMBER:  19STSC12345
NOTICE OF OPPOSITION TO CLAIM OF EXEMP (Wage Garnishment)	TION LEVYING OFFICER FILE NUMBER.:
Jane Doe 123 Main St Los Angeles, CA 90001	
6. X The judgment creditor will accept: \$ 250	per pay period for payment on account of this debt.
I declare under penalty of perjury under the laws of the State of California t  Date: 11/21/2019	hat the foregoing is true and correct.
Date: 11/21/2019 Jane Doe	Jane Doe
(TYPE OR PRINT NAME)	(SIGNATURE OF DECLARANT) Page 1 of 1

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, State Bar number, and address)  Jane Doe 123 Main St Los Angeles, CA 90001  ATTORNEY FOR (Name):  NAME OF COURT, JUDICIAL DISTRICT OR BRANCH COURT, IF ANY Stanley Mosk Courthouse, Central District  PLAINTIFF: Jane Doe	: TELEPHONE NO.: 213-444-5555	FOR COUR FOR FOR COUR FOR FOR COUR FOR	
DEFENDANT: Michael Jones			
NOTICE OF HEARING ON CLAIM OF EX (Wage Garnishment—Enforcement of J		LEVYING OFFICER FILE NO.:	court case no.:  19STSC12345
1. TO:  Name and address of levying officer  Los Angeles County Sheriff's Department 111 N. Hill Street, Room 525 Los Angeles, CA 90012  Claimant, if other than judgment debtor (name and address):	Name and address  Michael Jones  456 Bird Ln  Los Angeles, CA 90  Judgment debte  (name and add	or's attorney	
judgment debtor other claimant will be held as follows:			
a. date: 12/11/2019 time: 1:30 pm	x dept.: 92	] div.: [	rm.:
<ul> <li>b. address of court: <ul> <li>111 N. Hill St</li> <li>Los Angeles, CA 90012</li> </ul> </li> <li>3. The judgment creditor will not appear at the health of the properties of the proper</li></ul>	paring and submits the issue	on the napers filed w	vith the court
3. Land The judgment creditor will not appear at the her Date: 11/24/2019	and Submits the ISSUE	on the papers med w	nar are court.
Jane Doe	Jane Doe		
(TYPE OR PRINT NAME)	(SIGNA	ATURE OF JUDGMENT CREDITO	R OR ATTORNEY)

If you do not attend the hearing, the court may determine your claim based on the Claim of Exemption, Financial Statement (when one is required), Notice of Opposition to Claim of Exemption, and other evidence that may be presented.

SHORT TITLE:	LEVYING OFFICER FILE NO.	COURT CASE NO.
Doe vs. Jones		19STSC12345

#### PROOF OF SERVICE BY MAIL

I am over the age of 18 and not a party to this cause. I am a resident of or employed in the county where the mailing occurred. My residence or business address is (specify):

5900 White Oak Ave Encino, CA 91604

I served the attached Notice of Hearing on Claim of Exemption and the attached Notice of Opposition to Claim of Exemption by enclosing true copies in a sealed envelope addressed to each person whose name and address is given below and depositing the envelope in the United States mail with the postage fully prepaid.

(1) Date of deposit: 11/24/2019 (2) Place of deposit (city and state): Encino, CA

#### NAME AND ADDRESS OF EACH PERSON TO WHOM NOTICE WAS MAILED

Michael Jones 456 Central Ave Los Angeles, CA 90001

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

Date: 11/24/2019

James Johnson

(TYPE OR PRINT NAME)

James Johnson

(SIGNATURE OF DECLARANT)

#### PROOF OF SERVICE—PERSONAL DELIVERY

I am over the age of 18 and not a party to this cause. My residence or business address is (specify):

I served the attached Notice of Hearing on Claim of Exemption and the attached Notice of Opposition to Claim of Exemption by personally delivering copies to the person served as shown below.

PERSONS SERVED

Name

Delivery At

Date: Time: Address:

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

(TYPE OR PRINT NAME)

(SIGNATURE OF DECLARANT)

Date:

#### FJ-190

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, address, and State Bar number): After recording, return to:  Susan Edwards 222 Chestnut St Los Angeles, CA 90007  TEL NO.: 213-444-5555 FAX NO. (optional): E-MAIL ADDRESS:  ATTORNEY X JUDGMENT ASSIGNEE OF RECORD  SUPERIOR COURT OF CALIFORNIA, COUNTY OF LOS Angeles  STREET ADDRESS: 111 N Hill St MAILING ADDRESS: CITY AND ZIP CODE: LOS Angeles, CA 90012 BRANCH NAME: Stanley Mosk Courthouse  PLAINTIFF: Susan Edwards	- Filing Fee: \$45.00 - File along with EJ-195 - File with court and serve to other party, see procedure manual  FOR RECORDER'S USE ONLY  CASE NUMBER:
DEFENDANT: Nancy Garcia	2015STSC12345
APPLICATION FOR AND RENEWAL OF JUE  X Judgment creditor	DGMENT FOR COURT USE ONLY
Assignee of record applies for renewal of the judgment as follows:  1. Applicant (name and address): Susan Edwards 222 Chestnut St Los Angeles, CA 90007  2. Judgment debtor (name and last known address): Nancy Garcia 789 Fremont Ave Los Angeles, CA 90003  3. Original judgment a. Case number (specify): 2015STSC12345 b. Entered on (date): 06/25/2015 c. Recorded: (1) Date: (2) County: (3) Instrument No.:  4. Judgment previously renewed (specify each case num	nber and date):
c. Subtotal (add a and b)	00 00 00 00 00 00 00 00 for each debtor.
	Page 1 of 2

SHORT TITLE:	CASE NUMBER:
Edwards vs. Garcia	2015STSC12345
5. j. The money judgment (check all that apply)	
(1) has a principal amount remaining unsa	tisfied of under \$50,000 and is for a claim related to personal debt.
(2) has a principal amount remaining unsa	tisfied of under \$200,000 and is for a claim related to medical expenses.
· · · · · · · · · · · · · · · · · · ·	aims for personal debt or medical expenses that do not otherwise fit within
items (1) or (2).	· · · · · · · · · · · · · · · · · · ·
	oal amount is below \$50,000 for personal debt claims or \$200,000 for medical rson may only be renewed once, for five years from the date an application is
6. Renewal of judgment for posses	sion.
sale.	
a. If judgment was not previously renewed, ter	ms of judgment as entered:
b. If judgment was previously renewed, terms	of judgment as last renewed:
c. Terms of judgment remaining unsatisfied:	
I declare under penalty of perjury under the laws of the S	tate of California that the foregoing is true and correct.
Date: 01/10/2020	
Susan Edwards	Susan Edwards
(TYPE OR PRINT NAME)	(SIGNATURE OF DECLARANT)

EJ-190 [Rev. January 1, 2023]

ATTORNEY OR PARTY WITHOUT ATTORNEY	STATE BAR NUMBER:	FOR COURT USE ONLY
NAME: Susan Edwards		-File with court and serve to
FIRM NAME:		
STREET ADDRESS: 222 Chestnut St		other party, see procedure
сіту: Los Angeles	STATE: CA ZIP CODE: 90007	manual
TELEPHONE NO.:	FAX NO.:	
EMAIL ADDRESS:		-File along with EJ-190
ATTORNEY FOR (name):		_
SUPERIOR COURT OF CALIFORNIA, COUNT	Y OF Los Angeles	Application for Renewal of
STREET ADDRESS: 111 N Hill St		Judgment
With the Need to the terms of t		
CITY AND ZIP CODE: Los Angeles, 90012		
BRANCH NAME: Stanley Mosk Courtl	house	
PLAINTIFF/PETITIONER: Susan Edwards		
DEFENDANT/RESPONDENT: Nancy Garci	a	
NOTICE OF PENE	WAL OF JUDGMENT	CASE NUMBER:
NOTICE OF RENE	WAL OF JODGWENT	Fill in your Case Number

#### TO JUDGMENT DEBTOR (name): Nancy Garcia

1.	This renewal	extends the	period of	enforceability	of the	iudament until

- a. 10 years from the date the application for renewal was filed.
- b. 5 years from the date the application for renewal was filed.

(The judgment creditor should check 1b if the judgment is a money judgment; is not based on tortious or fraudulent conduct or for unpaid wages, damages, or penalties owed to an employee; and, as of the date of the application of renewal, the judgment:

- has an unsatisfied principal amount under \$50,000 and relates to a claim for personal debt; or
- has an unsatisfied principal amount under \$200,000 and relates to a claim for medical expenses.)

(Code Civ. Proc., §§ 683.110-683.120.)

- 2. If you object to this renewal, you may make a motion to vacate or modify the renewal with the court.
- 3. You must make this motion within 60 days after service of this notice on you.
- 4. A copy of the Application for and Renewal of Judgment is attached (Cal. Rules of Court, rule 3.1900).

Date: 04/20/2024

Nancy Garcia

(TYPE OR PRINT NAME)

Nancy Garcia

(SIGNATURE OF JUDGMENT CREDITOR OR ATTORNEY)

See Code of Civil Procedure section 683.160 for information on method of service

Page 1 of 1

Page 133

Form Adopted for Mandatory Use Judicial Council of California EJ-195 [Rev. January 1, 2024]

NOTICE OF RENEWAL OF JUDGMENT

Code of Civil Procedure, § 683.160 www.courts.ca.gov

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, address, and State Bar number):  After recording, return to:  Joseph Durant 234 Central Ave Los Angeles, CA 90012  TEL NO.: 323-474-5588 FAX NO. (optional):  E-MAIL ADDRESS (Optional):  ATTORNEY X JUDGMENT ASSIGNEE OF RECORD  SUPERIOR COURT OF CALIFORNIA, COUNTY OF LOS Angeles  STREET ADDRESS:  LOS Angeles, CA 90012  STREET ADDRESS:  CITY AND ZIP CODE:  BRANCH NAME:	- Used when - Fill out 2 co both forms File one with - Mail the oth - May also be	Abstract of Judgment is recorded. pies, DO NOT sign, go to Notary to sign  th the Court. er to the Judgment Debtor. e used for partial satisfactions.
PLAINTIFF: Joseph Durant		CASE NUMBER:
DEFENDANT: Michael Weber		17STSC12345
ACKNOWLEDGMENT OF SATISFACTION OF	JUDGMENT	FOR COURT USE ONLY
X FULL PARTIAL MATURED INS	STALLMENT	
<ol> <li>Satisfaction of the judgment is acknowledged as follows:         <ul> <li>X</li> <li>Full satisfaction</li> <li>X</li> <li>Judgment is satisfied in full.</li> <li>The judgment creditor has accepted paymen other than that specified in the judgment in full judgment.</li> </ul> </li> <li>Description of the judgment in partial satisfaction of the judgment is \$         <ul> <li>Matured installment all matured installments under the installment judg</li> </ul> </li> <li>Full name and address of judgment creditor:*         <ul> <li>Joseph Durant</li> <li>234 Central Ave, Los Angeles, CA 90012</li> </ul> </li> <li>Full name and address of assignee of record, if any:</li> </ol>	ull satisfaction of the	sfied as of <i>(date):</i>
<ol> <li>Full name and address of judgment debtor being fully or par Michael Weber 123 Main St, Los Angeles, CA 90012</li> </ol>	rtially released:*	
5. a. Judgment entered on (date): 10/04/2018		
b. Renewal entered on (date):		
	by of the judgment has for each county where	s been recorded as follows <i>(complete all</i> e recorded):
	OF RECORDING 2/20/2018	INSTRUMENT NUMBER 20181234567
7. A notice of judgment lien has been filed in the office o	f the Secretary of Sta	te as file number <i>(specify):</i>
NOTICE TO JUDGMENT DEBTOR: If this is an acknowledgme county shown in item 6 above, if any, in order to release the jud State to terminate any judgment lien on personal property.		
Date: 01/11/2019	Joseph	Durant
*The names of the judgment creditor and judgment debtor must be stated as shown in any Abs	`	UDGMENT CREDITOR OR ASSIGNEE OF CREDITOR OR ATTORNEY**)
	aat or vaaginont willon was let	solutes and to being released by this satisfaction. A separate notary

acknowledgment must be attached for each signature.

Form Approved for Optional Use Judicial Council of California EJ-100 [Rev. July 1, 2014]

ACKNOWLEDGMENT OF SATISFACTION OF JUDGMENT

Clear this form

Ac	knowledgment of	ļ	Clerk stamps here	when form is filed
	tisfaction of Judgmen	t		
		•	- Filed by Judgme	ent Creditor
See instructions on other side	·•			
To the court clerk:				
My name is: Roger Di				
Mailing address: 2424	1 Goodland Ave, Encino, CA 91	316		
Phone: 442-123-4441				
<b>2</b> ) I am the (check one):				
a. X Judgment creditor	or.	,	Fill in the court name and	
b. Assignee of reco	ord.		Superior Court of Cal	ifornia, County of
3 I acknowledge that the	judgment owed to (name): Roge	er Dixon		
was paid or otherwise s	atisfied on (date): 02/18/2024			
as follows (check and co	mplete one):			
a. X The judgment ha	as been fully paid or satisfied as t	to all	Fill in your case number a	nd case name:
judgment debtor	* *		Case Number:	
b.   The judgment has	as been fully paid or satisfied as t	to these	09M87654	
5 0	rs only (names and addresses of jud	gment debtors	Case Name:	
who have fully pa	id or satisfied judgment):		Dixon vs. Beal	
(1) Name:		•		
Mailing address				
8	Street	City	State	Zip
(2) Name:				
Mailing address				
	Street	City	State	Zip
(3) Name:				
Mailing address	::			
	Street	City	State	Zip
(4) Name:				
Mailing address				
	Street	City	State	Zip
	jury under the laws of the State of	of California that the	e information above is	s true and correct.
Date: 02/26/2024		K _	D:	
Roger Dixon		Roger		
Type or print your name		Judgment cre	ditor or assignee signs	here

NAME, ADDRESS, AND TELEPHONE	NUMBER OF PARTY:		Reserved for Clerk's File Stamp
Michael Jones			- Filed by Judgment
456 Page Rd	00000		Debtor with Court.
Los Angeles, CA	<ul> <li>May also be filed with</li> </ul>		
			LACIV 040 if Abstract of
SUPERIOR C	<b>OURT OF CALIFORNIA, CC</b>	OUNTY OF LOS ANGELES	Judgment was recorded.
	SMALL CLÁIMS		
COURTHOUSE ADDRESS			_
111 N Hill St, Los	s Angeles, CA 90012		
PLAINTIFF:			
Susan Smith			
DEFENDANT:			
Michael Jones			
DECLA	RATION OF JUDGMENT DE	BTOR REGARDING	CASE NUMBER:
	SATISFACTION OF JUI	DGMENT	18STSC12345
1. I am the ju	dgment debtor in this case.		
2. Judament	was entered against me on 08/1	12/2018	
	sfied (paid) the judgment, as follo		
	, , ,		hla
	ncluding accrued interest, costs a		
	y in the amount of \$		s to accept any more payments.
4. 🔀l have re	quested that the judgment creditor	or file an acknowledgement of sa	tisfaction of judgment. I made
my reques	t ⊡orally <mark>⊠</mark> in writing on (date) (	03/25/2019 As of the date of thi	s declaration, the judgment
• •	s failed or refused to comply with		o decidration, the judgment
	· •		
	een unable to contact the judgme	•	
<ol><li>The following</li></ol>	ing document(s), which constitute	es evidence of 🏋 full 🗌 partial pay	ment of the judgment is
attached:			
X Cancelle	d Xcheck money order writter	n by me after judgment and made	e navable to and endorsed by
	ment creditor.	ir by the after judgment and made	s payable to, and endersed by,
∟Cash, re	ceipt for the amount paid, signed	by the judgment creditor.	
☐Other:			
/ / / / / / / / / / / / / / / / / / /	leclare under penalty of perju		e of California,
	that the fore	going is true and correct.	
DATE	TYPE OR PRINT JUDGMENT DEBTOR'S	S NAME SIGNATURE OF JUDGME	NT DEBTOR
05/12/2019	Michael Jones	Michael Jones	
03/12/2019	Wildflaef Johes	Wildlider Jones	
	L		
NOTE: THIS	<b>DOCUMENT IS NOT INTENDE</b>	ED FOR USE BY THE COUNT	Y RECORDER'S OFFICE.
	CLEDK'S NOTATIO	N OF ENTRY OF SATISFACTION	ON
	ment entered in register of action p	oursuant to Code Civ. Proc., § 116.	850, subdivision (c) as follows:
Full Satisfa			
	sfaction in the amount of \$		
Clerk's Cer	tificate of Satisfaction of Judgment	(LACIV 040) issued.	
		OUEDDID CADTED	
		SHERRI R. CARTER, E	Executive Officer/Clerk of Court
Date:		Ву:	, Deputy

ATTORNEY OR PARTY WITHOUT ATTORNEY (name, state bar number, and address): NOTE: This form is filed by the Debtor when an Abstract of After recording return to: Judgment is recorded on a property but the Credit has failed Michael Jones to file a Satisfaction of Judgment. 456 Page Rd Los Angeles, CA 90012 Judgment Debtor must file along with SCLA 003 first. TELEPHONE NO: 213-123-4567 FAX NO:E-MAIL ADDRESS ATTORNEY FOR SUPERIOR COURT OF CALIFORNIA, COUNTY OF LOS ANGELES STREET ADDRESS: 111 N Hill St MAILING ADDRESS: CITY AND ZIP CODE: Los Angeles, CA 90012 Stanley Mosk Courthouse BRANCH NAME: FOR RECORDER'S USE ONLY CASE NUMBER: PLAINTIFF: Susan Smith 17STSC00001 DEFENDANT: Michael Jones CLERK'S CERTIFICATE OF ENTRY OF SATISFACTION OF JUDGMENT I, clerk of the above-named court, certify that a full satisfaction of the judgment described below has been entered in the register of actions. **DESCRIPTION OF JUDGMENT** NAME(S) OF JUDGMENT CREDITOR(S) Susan Smith NAME(S) OF JUDGMENT DEBTOR(S) Michael Jones DATE OF ENTRY OF JUDGMENT IN REGISTER OF ACTIONS DATE(S) OF RENEWAL(S) (if any) 08/12/2018 DATE OF ENTRY OF SATISFACTION DATE THIS CERTIFICATE ISSUED 05/12/2019 DAVID W. SLAYTON, Executive Officer/Clerk of Court Deputy Clerk (Court Seal) NOTICE TO JUDGMENT DEBTOR: To release a judgment lien, this form must be recorded with the county recorder of each county where an abstract of judgment has been recorded. TO BE COMPLETED BY THE JUDGMENT DEBTOR X An abstract of judgment has been recorded as follows: (Complete all information for each county where recorded)

COUNTY	DATE OF RECORDING	RECORDER ID NUMBER
Los Angeles	11/01/2018	20181234567
Orange	11/01/2018	20187654321

05/12/2019 Michael Jones

Signature of Judgment Debtor

Date

### **Certificate of Facts RE Unsatisfied Judgment** (SEE INSTRUCTIONS ON NEXT PAGE)

Court Fee: \$52.00 30 DMV Fee: \$20.00

A Public Service Agency

(Do not complete or sign until 30 days after finality of judgment unless the court ordered installment payments.) After completion of this form, please mail it with your nonrefundable check or money order in the amount of \$20 to: DMV, Mail Station J237, P.O. Box 942884, Sacramento, CA 94284-0884, DO NOTTAKE ITTO YOUR LOCAL DEPARTMENT OF MOTOR VEHICLES

	10462		(	OUNTY, JUDICIAL DISTRICT C			
urt Code	19462		(AVAIL	ABLE FROM COURT CLERK)			
		STATE OF	CAI	LIFORNIA			
intiff:	Sarah Lee			Defendan	t: Robert	Smith	
	John Lee			VS.			
se No. :	Fill in your Smal	l Claims Case N	umber	Date Filed	01/05/2	2024	
	_	The undersigne	ed Clerk/Judge o	f the Court hereby c	ertifies as follo	ws:	
The ab	oove iudament was b	oased on a tort clai	m as a result of a	motor vehicle accide	nt.		
	dgment was entered	I on04/0	E/0004	and became final	05/05/00		, and remained unsatis
for 30	days thereafter.	MONTH DA	AY YEAR		MONTH DAY	YEAR	
	nent was entered aga	ainst Robert Sr	nith				
Judgiii	ient was entered aga	all ist					
a. Bo	odily injury			d. Costs\$1	45.00		
	amage to property			e. Loss of use			
	rongful death						
	· ·						
The co	ourt (ordered, did not	t order) the judgme	ent paid in installm	ents.			
(If so	ordered, a certified	and the second second	or must be attac	had as vacuited by (	California Vahia	la Cada (C	CVC) 816379 )
(11 30 (	ordered, a certified	copy of such ora	ei illusi be allac	ned as required by t	Janiornia venici	e code (c	710, 3100, 01,
-				SIGNED X		-	
-				SIGNED X		-	
DATE				-			
DATE		itor/attorney herel	by certifies the fo	SIGNED X OFFICIAL TITLE	ugh 13 apply to	the judgm	ent debtor(s) only):  //V USE ONLY:
DATE The	e undersigned cred	itor/attorney herel	by certifies the fo	SIGNED X OFFICIAL TITLE	ugh 13 apply to	the judgm FOR DN all question	ent debtor(s) only):  IV USE ONLY: ons from #5 through
The The da	e undersigned credicate of the accident wo	itor/attorney herel /as	by certifies the fo	SIGNED X OFFICIAL TITLE collowing (lines 5 thro	ugh 13 apply to  Answer : #14. If the	the judgm FOR DN all questione answei	ent debtor(s) only):  MV USE ONLY: ons from #5 through r is unknown please
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Court Report of Judgments (Reference CVC §16373)

The clerk of a court, or the judge of a court which has no clerk, shall issue upon the request of a judgment creditor, a certified copy of the judgment or a certified copy of the docket entries in an action resulting in a judgment for damages, and a certificate of facts relative to such judgment on a form provided by the Department, the rendering and nonpayment of which judgment requires the Department to suspend the driver license of the judgment debtor. The document shall be forwarded immediately upon the expiration of thirty days after the judgment has become final and when the judgment has not been stayed or satisfied within the amounts specified in this chapter as shown by the records of the court.



# Certificate of Facts RE Unsatisfied Judgment (SEE INSTRUCTIONS ON NEXT PAGE)

Court Fee: \$52.00 **30** DMV Fee: \$20.00

(Do not complete or sign until 30 days after finality of judgment unless the court ordered installment payments.) After completion of this form, please mail it with your nonrefundable check or money order in the amount of \$20 to: DMV, Mail Station J237, P.O. Box 942884, Sacramento. CA 94284-0884. DO NOT TAKE IT TO YOUR LOCAL DEPARTMENT OF MOTOR VEHICLES.

itle of Cour	Los Angeles Superior Court, Stanley M	osk Courthous	E UDICIAL DISTRICT OR DIV	VICION		
ourt Code .	19462			131011		
	STATE OF	•	OM COURT CLERK)			
laintiff :	Sarah Lee		Defendant :	– Robert Sr	nith	
_	John Lee	VS.		Mary Sm		
ase No. :	Fill in your Small Claims Case Number		Date Filed :	01/05/202	24	
_	The undersigned Clerk	 /Judge of the C				
	ove judgment was based on a tort claim as a graph gment was entered on		vehicle accident. came final	05/05/2024		, and remained unsatisfie
for 30 d	ays thereafter.	YEAR	MON	IH DAY	YEAR	
	ent was entered against Robert Smith, Ma	ary Smith				
	·					
	dily injury	d.	Costs \$145.0	00		
	mage to property \$5,600.00					
c. Wro	ongful death					
<b>T</b> l			TAL\$5,745.	00		
	urt (ordered, did not order) the judgment paid rdered, a certified copy of such order must		required by Calif	ornia Vehicle (	Code (C	CVC) §16379.)
DATE _		SIC	NED X			
		OF				
The	undersigned creditor/attorney hereby certi					
. The dat	e of the accident was			**NOTE:	OR DN	IV USE ONLY:
D: 1		YEAR				DL for the second
	ident occur in California? ✓ Yes ☐ N					sheet of paper with
	, 3	✓ Yes		their identif	ying in	formation
	nicle involved in the accident was owned by					
	nicle involved in the accident was operated by		rt Smith			
	nership of the vehicle resulted in a judgment a	igainot				
-	eration of the vehicle resulted in a judgment ag	,	Smith 3LNV123	2010		Honda
	s vehicle information (vehicle involved in the a	ccident) — [	ICENSE PLATE NUMBER	YEAR		MAKE
_	ent debtor(s) identifying information:			00040		DAAFECC
	Robert Smith B 999		LOS Angeles, CA	90012	_ C	D445566  CA DRIVER LICENSE NUMBER
02/	Z <mark>25/1992 E DEBTOR FORMER DEBT</mark>		F	Un	known	
BIRTHDA	, , ,	, ,		ANY ADDIT		
	Include any additional judgme	ent debtor(s) in	formation on a se	parate sheet o	f paper	
4. Name, a	address and telephone number of judgment credi	ororattorney:	Sarah Lee/John	Lee		
			123 Main St			
			Los Angeles, CA	90012	(213	3) 323-1234
certify (or	declare) under penalty of perjury under the	laws of the Sta	te of California th	at the foregoi	ng is tr	ue and correct.
ICNED 3	🕻 Saxah See			DATE		06/19/2024

Court Report of Judgments (Reference CVC §16373)

The clerk of a court, or the judge of a court which has no clerk, shall issue upon the request of a judgment creditor, a certified copy of the judgment or a certified copy of the docket entries in an action resulting in a judgment for damages, and a certificate of facts relative to such judgment on a form provided by the Department, the rendering and nonpayment of which judgment requires the Department to suspend the driver license of the judgment debtor. The document shall be forwarded immediately upon the expiration of thirty days after the judgment has become final and when the judgment has not been stayed or satisfied within the amounts specified in this chapter as shown by the records of the court.

Court Fee \$37.50



### NOTICE OF UNSATISFIED JUDGMENT OF \$1,000 OR LESS

(\$750 or Less for Accidents Prior to January 1, 2017)

(READ INSTRUCTIONS ON BACK BEFORE COMPLETING) DMV Fee: \$20.00

This form is to be completed by the judgment creditor and may not be completed until 90 days after the judgment is final. The judgment of the small claims court must be attached to the form. The judgment must set forth the judge's determination that the judgment resulted from a motor vehicle accident occurring in California caused by the judgment debtor's operation of a motor vehicle.

Title of Court Los Angeles Superior Court, Sta	anley Mosk Courthou (, judicial district or division)	se
Court Code 19462	, judicial district of division)	
(Availa	able from Court Clerk)	
STATE OF	CALIFORNIA	
Plaintiff : <u>Jane Doe</u>	Defendant : _	_ola Williams
	vs	Donald Williams
Case No. : Fill in your Small Claims Case Number	Date Filed : _	01/04/2024
The above judgment was based on a tort claim as a result of a 1. The judgment was entered on	, and became final	04/14/2024 , and remained
unsatisfied for 90 days thereafter.  2. Name of driver Lola Williams		
3. Amount of judgment (excluding court costs) \$1,000.00	)	
4. Was the judgment for damages resulting from an accident in		ren by the judgment debtor?
6. Date of accident <u>10/10/2023</u>		
7. Vehicle license plate number of vehicle driven by the judgme	ent debtor in the accident	123AQLW
8. Identifying information for judgment debtor		
Full name Lola Williams	Former name N/A	
Current address 8855 Ventura Blvd., Van Nuys		
	, 0, 101	
Additional address		D0034567
Birth dateMM/DD/YYYY	California Driver License N	Number
CEF	RTIFICATION	
The undersigned judgment creditor hereby certifies:		
l am the judgment creditor in the attached small claims court ju	udgment. This judgment has	not been satisfied by the judgment debtor.
Full name and address of judgment creditor.		
Jane Doe		
123 Main St		
Los Angeles, CA 90012		
Telephone number (213) 333-8426		
I certify (or declare) under penalty of perjury under tl correct.	he laws of the State of C	alifornia that the foregoing is true and
Signed: Jane Doe	Date	:04/14/2024
FOR DMV USE ONLY:		

	FUR COURT OR OFFICIAL USE ONLY
GOVERNMENT CLAIM-JUDICIAL BRANCH (Government Code section 910.4)	Postmark date if received by mail:

CLAIMANT								
Name of Claimant John Woods	Home Tele 213-323-85	Work Telephone						
Mailing Address 745 Sally Dr	City Los Angeles	State CA	Zip Code 90012					
Send notices regarding this claim to (if different from above):  Name								
Mailing Address	City	State	Zip Code					
CLAIM INFORMATION								
Date of Incident (Month/Day/Year)		Time of Incident						
04/22/2019	3:00 PM							
Location of Incident								
Stanley Mosk Courthouse, 111 N Hill St, Los Angeles, CA 90012								

Describe the indebtedness, obligation, injury, damage, or loss incurred as a result of the incident.

The bailiff dropped and broke my crystal lamp.

State the circumstances that gave rise to this claim. (State the facts that support your claim and why you believe the court or another judicial branch entity is responsible for the alleged damage or injury.) If known, provide the name of the official or employee who allegedly caused the injury, damage, or loss (if there is more than one official or employee, name each). If you need more space, please attach additional sheets of paper.

On 04/22/2019 at 3:00 PM, I appeared before Commissioner Bailey. I was suing Bekins Moving and Storage Company. They shattered one of a matched pair of crystal lamps. I brought the remaining lamp to court to show the Commission. I handed the lamp to the bailiff, and he dropped and broke it while walking to the Judges' bench.

Name of Claimant:\_\_\_\_\_

If the total amount of your claim is up to \$10,000:  Amount of damage as of this date: \$2,200  Estimated amount of future damages: \$2.200  Total amount claimed: \$2.200	If the amount of your of indicate whether your case or an unlimited of Limited civil (amou Unlimited civil (amou Unlimited civil (amou	claim would be ivil case <i>(check</i>	a limited civil one):
State how the amount of your claim was computed (in statements, invoices, receipts, and estimates).	clude copies of supporting	g documentation	n such as billing
Appraised value from Hye Lighting Company Inc. 18754 Ventura Blvd, Tarzana, CA 91356			
List the names, addresses, and telephone numbers of	all witnesses to the incide	ent.	
Commissioner James Bailey, Stanley Mosk Courthouse Linda Lopez, 3209 Silver Hill Rd, Encino, CA 91316	444-567-8910 555-987-1524		
Provide any additional information that might be helpful REPRESENTATIVE (Complete only if claim is presentative)  Name of Authorized Representative			nt's behalf)
Mailing Address	City	State	Zip Code
PLEASE NOTE: Presentation of a false claim w Code Section 72).  John Woods		05/15	/2019
Signature of Claimant or Authorized Representation	esentative (check one)	Da	ate
Deliver or mail this claim form to:			
Attention: Office of Court Counsel Superior Court of California, County of Los Stanley Mosk Courthouse 111 North Hill Street, Room 546 Los Angeles, CA 90012	Angeles		



### COMPLAINT ABOUT A CALIFORNIA JUDGE, COURT COMMISSIONER OR REFEREE

# Confidential under California Constitution Article VI, Section 18, and Commission Rule 102

For information about the Commission on Judicial Performance and instructions on filling out and submitting this form, please visit the commission's website at <a href="https://cjp.ca.gov">https://cjp.ca.gov</a>.

\* Indicates a required field

Today's date: 09/08/2019 Your name:\* Mary Jones

Your pronouns (e.g., he/him, she/her, they/them):

Your email: mary.jones@gmail.com

Your telephone number:\* 213-945-8518

Your address:\* 588 Bird Ln, Los Angeles, CA 90008

Your attorney's name (if any):

Your attorney's email:

Your attorney's telephone number:

Name of judge:\*

OR Name of court commissioner or referee:\*

(If your complaint involves a court commissioner or referee, you must first submit your complaint to the local court. If you have done so, please attach copies of your correspondence to and from that court.)

Court Level:\* Superior Court

County/Appellate District:\* Los Angeles County

Court case type (e.g., none, criminal, family law, small claims):\* Small Claims

Case name and number: Mary Jones vs. Macy's Inc. 19STSC54921

Your relationship to the case (e.g., litigant/family/friend, judge/court staff):\* Plaintiff

Date or dates conduct occurred:\* 08/05/2019

Please specify what action or behavior of the judge, court commissioner, or referee is the basis of your complaint. Provide relevant dates and the names of others present. (Use additional pages if necessary.)\*

On 08/05/2019 at 08:30 AM, I appeared before Commissioner James Bailey. I was suing Macy's Inc., for a return of the money I paid for a chair which collapsed the first month after purchase. I happen to be a plus size woman. During the trial, the Commissioner said, "I'm surprised that the chair supported your weight for one whole month. You are so big, the chair should have broken the first day."

Return to: Commission on Judicial Performance

455 Golden Gate Avenue, Suite 14400

San Francisco, California 94102

Telephone: (415) 557-1200 Fax: (415) 557-1266

4/23



# INSTRUCTIONS TO THE SHERIFF OF LOS ANGELES COUNTY COURT SERVICES DIVISION - CIVIL MANAGEMENT BUREAU

The Sheriff must have original signed instructions by the attorney or party without attorney pursuant to <a href="CCP 262">CCP 262</a>
Service Fee \$40 pursuant to <a href="GC 26721">GC 26721</a>. The Sheriff is entitled to a \$35 fee for any "Not Found" service attempt pursuant to <a href="GC 26738">GC 26738</a>
Cancel Service Fee is \$40 pursuant to <a href="GC 26736">GC 26736</a>

ATTORNEY OR PARTY WITHOUT ATTORNEY			Off	ice Use Only
NAME	LAW FIRM			•
Jane Waters				
STREET ADDRESS		SUITE / APT	_	
554 Goody Ave				
CITY	STATE	ZIP		
Los Angeles	CA	90012		
TELEPHONE NO. FAX	EMAIL			
213-555-8486				
PLAINTIFF	DEFENDANT	CASE	NO.	
Jane Waters	Roberts Patts	18ST	SC19735	
SHERIFF'S OFFICE				
NAME	TEL	EPHONE NO.		
Los Angeles	213	3-116-5755		
ADDRESS				
111 N Hill St, Los Angeles, CA 900	12			
To the Los Angeles County Sheriff, you		<del>-</del>		
Serve the Plaintiff's Claim and Order to			nearing is sch	eduled to be neard in
a court <mark>ズ</mark> inside⊏ outside Los Angeles 0		(date).		
Defendant / Debtor / Person to be Serv		45 05 BUONEGO ((6		61 1 (1)
NAME (natural person)	NAI	ME OF BUSINESS (if ar	iy, include type	e of legal entity)
Robert Patts	CITY		OTATE	קוס
STREET ADDRESS	CITY		STATE	ZIP
772 White Oak Ave	Los Angeles	<b>S</b>	CA	90018
Additional Information (defendant's des	cription, work hours, etc.)			
Robert Patts is usually home from 1	:00 PM onwards			
Reserve and to dedaily from them.	.oo i w onwardo.			
Make all payments, refunds or notices t NAME	o the following (if different fron ADDRESS	n the party at the top of t	this form):	
		A	00040	
Jane Water	554 G00dy	Ae, Los Angeles, CA	3UU I Z	
All instructions must be submitted by the	* * * *	attorney.) All correspor	ndence will be	sent to said party.
DATE	BY			
05/20/2019	Jane Waters			
	(SIGNATURE OF ABOVE AT	TORNEY OR PARTY WITHO	UT ATTORNEY)	

### INSTRUCTIONS TO THE SHERIFF OF THE COUNTY OF SACRAMENTO:

(The Sheriff must have written and signed instructions by the Plaintiff representing himself/herself or the Attorney of record in accordance with California Civil Procedure Code 262.)

#### TYPE OR PRINT CLEARLY

Court Case # 19STSC01001		Sheriff's File # (if re-levy)
John Smith PLAINTIFF'S NAME	Vs.	Mega Store Inc. DEFENDANT'S NAME
	e ONLY acce	Y the same as listed on the document which is to be served. Also ept PHYSICAL addresses, we do not serve PO Boxes and do not ail service.
Name: Mega Store, Inc.		Name:
Agent: CSC Lawyers Incorporating Service Only if Applicable Address: 2710 Gateway Oaks Dr, Ste. 150N Apt	: #/Ste. #	Agent:Only if Applicable Address:Apt #/Ste. #
City & Zip: Sacramento, CA 95833		City & Zip:
Phone:		Phone:
Employer's Name:		Employer's Name:
Address:		Address:
City & Zip:	#/Ste.#	City & Zip:
Is the person to be served violent toward Peace Officers Y / [N] PHYSICAL DESCRIPTION: Sex: Date of Birth:		Is the person to be served violent toward Peace Officers Y/N PHYSICAL DESCRIPTION: Sex: Date of Birth:
Age: Height: Weight: Hair Color: _		Age: Height: Weight: Hair Color:
Eye Color: Race:		Eye Color: Race:
Distinguishing Marks, Scars or Tattoos:		Distinguishing Marks, Scars or Tattoos:
Vehicle Description:		Vehicle Description:
NORMAL HOURS FOR SERVICE ARE M	IONDAY T	THROUGH FRIDAY, 8:00 A.M. to 3:00 P.M.
Best Time for Service:  Additional Comments		Sest Time for Service:
SIGNATURE: John Smith		DATE: 04/08/2019
(Required) Party (In Pro Per) or Party's Attorney re	equesting service	
PRINT YOUR NAME: John Smith		E-MAIL:
MAILING ADDRESS: 123 Street Ave, Los	Angeles, CA	
PREFERRED PHONE: ( )		Apt #/Ste.# City State Zip Code  MOBILE PHONE: (213) 123-4567
	whatherer	ot the service is successful (Government Codes 26736 and 26738)

You will receive a copy of the proof of service in the mail. PLEASE DO NOT PHONE. COUNTY OF SACRAMENTO SHERIFF'S DEPARTMENT—CIVIL DIVISION

#### OFFICE USE ONLY

PLAINFTIFF'S CLAIM		SCUD
Pltf's Claim & Order to go to Small Claim's Court		Summons AND Complaint
Small Claims Mediation Page AND Your Small		Civil Case Cover Sheet
Claims Case		Attachment (S)
Attachments		
		Exhibits (S)
Exhibits		
Other Plaintiff's and Defendant's		Pre Judgment Claim of Right
SUMMONS AND PETITION		SUMMONS AND COMPLAINT
Summons ( Amended)		Summons (Amended)
	_	
Standard Restraining Order (SRO)		Complaint (Amended)
<u>rition (</u> Amended)		Attachments
i. Dissolution of Marriage		Cause of Action
ii. To Establish Parental Relationships		Cause of Action-
iii. For Custody and Support of Minor Children		Cause of Action-
* **		Civil Case Cover Sheet
Addt'l Provisions-Physical Cust Attach		
(_BLNK_COMP)		Exhibits
Attached Declaration (BLNKCOMP)		
Attachments		
Blank Response		
Child Cust & Visit (Parent Time) Order Attach		
(_BLNK_COMP)		
Children's Holiday Sched Attach		
( BLNK COMP)		
DUUCCJEA ( BLNK COMP)		
Attachment to DUUCCJEA		
Exhibits		
Family Centered Case Resolution Notice		
Income & Expense (BLNKCOMP)		
Joint Legal Custody Attachment		
( BLNK COMP)		
Notice of Rights and Responsibilities		
POS by Mail		
Schedule of Assets and Debts (BLNKCOMP)		
REQUEST FOR ORDER		OTHER
Request for Order (RFO)		
Family Law Case Demographic Sheet		
	Ш	
Attached Declaration (BLANKCOMPLETE)		
Notice of Rights and Responsibilities		
POS by Mail		
	]	
	_	

ATTORNEY OR PARTY WIT	HOUT ATTORNEY (Name and Address):	TELEPHONE NO.:	FOR COURT USE ONLY
<ul> <li>Mary Brooks</li> </ul>			
1293 Boardw	valk Blvd		
Bronx, NY 10			File with Obil Olema
			-File with Civil Clerk
ATTORNEY FOR (Name):			
NAME OF COURT:	111 N Hill St		-See Procedure Manual
STREET ADDRESS:	Los Angeles 90012		
	Los Angeles 90012		-Incoming State or County
CITY AND ZIP CODE:	Stanley Mosk Courthouse		mooning state of seamy
BIOGRAPHICA.	Startley Wosk Courthouse		
PLAINTIFF: M	ary Brooks		
DEFENDANT:			
DEFENDANT. Da	avid Patts		
			OAOE NUMBER
ADDI ICATION EC	OR ENTRY OF JUDGMENT ON SISTER-STAT	E IUDGMENT	CASE NUMBER:
			20STSC0123X
	NCE OF WRIT OF EXECUTION OR OTHER ENFOR		20010001207
AND ORDER	R FOR ISSUANCE OF WRIT OR OTHER ENFORCE	MENI	
Judgment creditor a	applies for entry of a judgment based upon a sister-sta	ate judgment as f	ollows:
1 Judament cre	editor (name and address):		
Mary Broo			
	rdwalk Blvd		
Bronx, N			
2. a. Judgmer	nt debtor (name): David Pratts		
b. X An	individual (last known residence address):		
с. 🔲 Ас	orporation of (specify place of incorporation):		
(1)			
	qualified to do business in California		
	not qualified to do business in Californ	nia	
d. 🔲 A p	artnership (specify principal place of business):		
(1)	Foreign partnership which		
	has filed a statement under Corp C 15	700	
	has not filed a statement under Corp (		
	'		
3. a. Sister sta	ate (name): New York		
b. Sister-sta	te court (name and location): Bronx County-Civi 851 Grand Conco		V 10451
c. Judgment	t entered in sister state on (date): 11/01/2019	uise, biolix, N	1 10431
4. An authenti	cated copy of the sister-state judgment is attache	ed to this applica	ition. Include accrued interest on the
sister-state ju	udgment in the California judgment (item 5c).		
a. Annual ir	nterest rate allowed by sister state (specify):		
b. Law of si	ster state establishing interest rate (specify):		
5. a. Amount	remaining unpaid on sister-state judgment:		
b. Amount of	of filing fee for the application:		\$ 435.00
	interest on sister-state judgment:		\$ 47.79
	of judgment to be entered <i>(total of 5a, b, and c)</i> :		6 400 70
	/		<del></del>

(Continued on reverse)

SHORT TITLE:	CASE NUMBER:
Brooks vs. Patts	20STSC0123X
<ul> <li>6. X Judgment creditor also applies for issuance of a writ of execution or entry of entry of judgment as follows:</li> <li>a. X Under CCP 1710.45(b).</li> </ul>	forcement by other means before service of notice
b. A court order is requested under CCP 1710.45(c). Facts showing judgment creditor if issuance of the writ or enforcement by other me	
continued in attachment 6b.	
7. An action in this state on the sister-state judgment is not barred by the statute of	of limitations.
8. I am informed and believe that no stay of enforcement of the sister-state judgm	ent is now in effect in the sister state.
No action is pending and no judgment has previously been entered in any procipudgment.	ceeding in California based upon the sister-state
I declare under penalty of perjury under the laws of the State of California that the matters which are stated to be upon information and belief, and as to those matters I Date: $06/03/2024$	e foregoing is true and correct except as to those believe them to be true.
Mary Brooks	Mary Brooks

Mary Brooks

(TYPE OR PRINT NAME)

(SIGNATURE OF JUDGMENT CREDITOR OR ATTORNEY)

ATTORNEY OR PARTY WITHOUT ATTO	DRNEY (Name and Address): TELEF	PHONE NO.:	FOR COURT USE ONLY
Mary Brooks			
1293 Boardwalk B Bronx, NY 10372	IVd	- F	ile with Civil Court
ATTORNEY FOR (Name):		_ 0	See Procedural Manual
NAME OF COURT:		- 0	ee Floceddiai Walldal
STREET ADDRESS: 111 N F	Hill St		
l	geles, 90012		
	Mosk Courthouse		
BRANCH NAME:			
PLAINTIFF: Mary Bro	ooks		
Defendant: David Pa	atte		
David i d	atto		
		CASE N	
NOTICE OF ENTRY (	OF JUDGMENT ON SISTER-STATE JUD	GMENT 20	OSTSC0123X
1. TO JUDGMENT DEBTOR	(name): David Patts		_
2. YOU ARE NOTIFIED	to decreased and difference to the constraint of the con-	h	and an faller
a. Upon application of the j	judgment creditor, a judgment against you has name): Mary Brooks	been entered in this o	court as follows:
(1) Judgment creditor (7	maile). Waly blocks		
(2) Amount of judgment	t entered in this court: \$ 6,182.79		
b. This judgment was ente	red based upon a sister-state judgment previou	ısly entered against y	ou as follows:
(1) Sister state (name):	New York		
(2) Sister state court (n			
(2) Sister-state court (na	ame and location): Bronx County-Civil 851 Grand Concou	ree Brony NV 1	10451
(3) Judgment entered in	n sister state on <i>(date)</i> : 11/01/2019	ise, biolix, ivi	10431
(4) Title of case and cas	se number (specify): Patts vs. Brooks, 08	RNY4512785	
· '	**NOTE: This is the	case name and	number issued by the NY cour
3. A sister-state judge	ment has been entered against you in a Ca		
	s court within 30 DAYS after service of this	notice, this judgmer	nt will be final.
	er that a writ of execution or other enforcen	nent may issue. You	ır wages, money, and property
could be taken with	nout further warning from the court.		
	cedures have already been issued, the prop	erty levied on will n	ot be distributed until 30 days
after you are served	d with this notice.		
			_
Date:	Cler	k, by	, Deputy
	4. X NOTICE TO THE PERSON SER	VFD: You are served	1
	a. X as an individual judgme		•
	b. under the fictitious name		
[SEAL]		o o. (opcomy).	
—,	c. on behalf of (specify):		
	Undor		
	Under:		COD 416 60 (minor)
	CCP 416.10 (corporatio		CCP 416.60 (minor) CCP 416.70 (conservatee)
	CCP 416.20 (defunct co	• •	X CCP 416.90 (individual)
	other:	n or parmership)	CCF 416.90 (Individual)
	Ouler.		
1	(Proof of service on re	verse)	

#### PROOF OF SERVICE

(Use separate proof of service for each person served)

I served the Notice     a. on judgment deb	e of Entry of Judgment on Sister otor <i>(name)</i> :	r-State Judgment as foll	ows: David	d Patts	
b. by serving	X judgment debtor	other (nan	ne and title or re	lationship to person :	served):
c. X by deliver (1) date: (2) time: (3) addres	12/1/2019 10:00 AM	Angeles, CA 900	12		
d. by mailing (1) date: (2) place:					
2. Manner of service (	(check proper box):				
	service. By personally delivering				5
leaving, d charge an	ed service on corporation, usual uring usual office hours, copied thereafter mailing (by first-clastere left. (CCP 415.20(a))	es in the office of the p	erson served w	ith the person who a	apparently was in
c. Substitut house, us of the hou informed of person se	teed service on natural personal place of abode, or usual place of abode, or usual place of the general nature of the paperved at the place where the cocts relied on to establish reas	ace of business of the p in charge of the office c pers, and thereafter mai opies were left. (CCP 4	erson served in r place of busin ling (by first-clas l5.20(b)) <i>(Atta</i>	the presence of a co ess, at least 18 years ss mail, postage prep ach separate declar	ompetent member s of age, who was paid) copies to the
d. Mail and served, to	acknowledgment service. By ogether with two copies of the did to the sender. (CCP 415.30)	mailing (by first-class of mailing (by first-class)	nail or airmail, <sub>l</sub> owledgment an	postage prepaid) cor d a return envelope,	pies to the person postage prepaid,
requiring	or registered mail service. By a return receipt) copies to the of actual delivery to the pers	e person served. (CC	outside Californi P 415.40) <i>(Atta</i>	ia (by first-class mail ach signed return	, postage prepaid, <b>receipt or other</b>
f. Other (spe	ecify code section):				
	Additional page is attached.	as follows:			
	Person Served" was completed vidual judgment debtor.	as follows.			
	rson sued under the fictitious na	ame of <i>(specify)</i> :			
	of (specify):				
under: 4. At the time of service	CCP 416.10 (corporati CCP 416.20 (defunct of CCP 416.40 (associati ce I was at least 18 years of ag	corporation) on or partnership)	CCP 41	6.60 (minor) 6.70 (conservatee) 6.90 (individual)	other:
5. Fee for service: \$	oo i mac at loact to yours of ag	o and not a party to time	301.0111		
b. X Registere c. Employee	sheriff, marshal, or constable. d California process server. e or independent contractor of a nia process server.	С		and telephone numbe ation and number:	er and, if applicable,
	istered California process serve	er.			
	om registration under Bus. & P				
I declare under pen State of California tha	alty of perjury under the laws o t the foregoing is true and corre	vot.		<i>heriff, marshal, or c</i> egoing is true and co	
Date: 12/05/2024		Date	:		
	ı Right	<u> </u>			
	(SIGNATURE)			(SIGNATURE)	<del></del>

(3.3.0.0.0

[EJ-110]

	EJ-150
ATTORNEY OR PARTY WITHOUT ATTORNEY (name and address):  After recording, return to:	
Paul Jones	
456 Goodland Ave	
Los Angeles, CA 90024	
TEL NO.: FAX NO. (optional):	
EMAIL ADDRESS (optional):	
ATTORNEY X ORIGINAL JUDGMENT ASSIGNEE OF RECORD	
SUPERIOR COURT OF CALIFORNIA, COUNTY OF LOS Angeles	-
444 N. I. Ell. C4	
MAILING ADDRESS:  CITY AND ZIP CODE: Los Angeles, CA 90012	
_	
BRANCH NAME: Stanley Mosk Courthouse	FOR RECORDER'S USE ONLY
PLAINTIFF/PETITIONER: Paul Jones	LEVYING OFFICER (name and address):
DEFENDANT/RESPONDENT: Susan Smith	
Cacar Critar	
NOTICE OF LEVY	
NOTICE OF LEVY	LEVYING OFFICER FILE NO.:
under Writ of X Execution (Money Judgment)	
Sale	20077
Sale	COURT CASE NO.: 21STSC12345
TO THE DEDOOM NOTIFIED ( ) O O O	21010012040
TO THE PERSON NOTIFIED (name): Susan Smith	has an interest and apply it to the estisfaction of a
<ol> <li>The judgment creditor seeks to levy upon property in which the judgment debtor judgment as follows:</li> </ol>	rias air interest and apply it to the satisfaction of a
a. Judgment debtor (name): Susan Smith	
b. The property to be levied upon is described:	
in the accompanying writ of possession or writ of sale.	
x as follows:	
Levy on any and all deposit accounts, certificates of deposit,	trust accounts, IRA's or other instruments
standing in the lane of the judgment debtor, Susan Smith.	
<ol> <li>The judgment is for (check one):</li> <li>wages owed.</li> <li>child/spousal support.</li> </ol> X o	thor
wages owed child/spousal support o  3. The amount necessary to satisfy the judgment creditor's judgment writ is	ther.
a. Total amount due (less partial satisfactions) from line 18 of writ (form EJ-130	)\$ 4,449.42
b. Levy fee	
c. Sheriff's disbursement fee	
d. Recoverable costs	4 = 0.4 .40
e. Total (a through d)	
f. Daily interest from line 19a of writ (form EJ-130)	\$ 1.20
<ul><li>4. You are notified as:</li><li>a.  x a judgment debtor.</li></ul>	
b. a person other than the judgment debtor (state capacity in which person	on is notified):
	,
(Read Information for Judgment Debtor or Information for Person Other	er Than Judgment Debtor on page two.)
Notice of Levy was	
mailed on (date): posted or	• •
delivered on (date): filed on (c	,
Date:	on (date):
<b>K</b>	
(TVDE OD DDINT NAME)	(CICNATUDE)
(TYPE OR PRINT NAME)	(SIGNATURE)  Levying officer Registered process server
	Page 1 of 2

**NOTICE OF LEVY** (Enforcement of Judgment)

Form Approved for Optional Use Judicial Council of California EJ-150 [Rev. September 1, 2020]

			7	E	J-150
ATTORNEY OR PARTY WITHOUT ATTO After recording, return to:	RNEY (name and address):				
Paul Jones					
456 Goodland Ave Los Angeles, CA 9002	) A				
TEL NO.: EMAIL ADDRESS (optional):	FAX NO. (optional):				
ATTORNEY FOR	ORIGINAL JUDGMENT CREDITOR	ASSIGNEE OF RECORD			
SUPERIOR COURT OF CALIFORNIA, CO		OF RECORD	-		
STREET ADDRESS: 111 N Hil	_				
MAILING ADDRESS:					
CITY AND ZIP CODE: Los Ange	eles, CA 90012				
BRANCH NAME: Stanley N	Mosk Courthouse		FOR RE	CORDER'S USE ONLY	
PLAINTIFF/PETITIONER:	Paul Jones		LEVYING O	FFICER (name and address):	
DEFENDANT/RESPONDENT:	Susan Smith				
DEFENDANT/REOF ONDERT.			_		
NOTICE OF L	FVY				
NOTICE OF L	- <b>-</b> • ·		LEVYIN	IG OFFICER FILE NO.:	
under Writ of	X Execution (Money J	udgment)			
	Sale			COURT CASE NO.:	
			21	STSC12345	
	D (name): Wells Fargo Ba				
judgment as follows:	eks to levy upon property in w	nich the juagment deptor	nas an interest and a	apply it to the satisfaction	or a
a. Judgment debtor (na	me): Susan Smith				
b. The property to be lev	•				
in the accompa  X as follows:	anying writ of possession or wr	rit of sale.			
	and all deposit accounts,	certificates of deposit,	trust accounts, IF	RA's or other instrume	nts
standing in th	ne lane of the judgment de				
2. The judgment is for <i>(checond)</i>	<i>'</i>	al aupport V of	ther.		
wages owed.  3. The amount necessary to	child/spousa o satisfy the judgment creditor		mer.		
a. Total amount due (les	ss partial satisfactions) from lin	ne 18 of writ (form EJ-130	,	,449.42	
<u> </u>				40.00 12.00	
				0.00	
				,501.42	
f. Daily interest from lin	e 19a of writ (form EJ-130)		\$	1.20	
4. You are notified as:	otor				
a. a judgment deb	than the judgment debtor <i>(sta</i>	ate capacity in which perso	on is notified):		
A financial in	stitution in possession of	funds.			
<u> </u>	for Judgment Debtor or Info	ormation for Person Other	er Than Judgment I	Debtor on page two.)	
Notice of Levy was mailed on (date):		posted or	n (date):		
delivered on (date):		filed on (a	•		
			on (date):		
Date:		N <sup>2</sup>			
		_			
(TYPE OR	R PRINT NAME)		(SIGNA- evying officer.	rure) Registered process se	erver

NOTICE OF LEVY (Enforcement of Judgment)

Form Approved for Optional Use Judicial Council of California EJ-150 [Rev. September 1, 2020] One copy of of SER-001 Request for Sheriff to Serve Court Papers
 Two copies of the SC-100 Plaintiff's Claim and ORDER to Go to Small Claims Court

## **SER-001**

## **Request for Sheriff to Serve Court Papers**

**Instructions:** Each county in California has a sheriff (and sometimes a marshal's office) that can serve different types of court papers, including restraining orders. Note that the sheriff cannot guarantee that they will be successful in finding the person you need served, but they will try to serve based on the information you put on this form.

- Complete this form for each set of papers you need served. You must complete a separate form for each person you need served.
- Find out where the person you need served is located. Give your papers to the sheriff or marshal's office in that county.
- You may have to pay for service of some court papers. For more information, see page 5 of this form, or go to <a href="https://selfhelp.courts.ca.gov/sheriff-serves">https://selfhelp.courts.ca.gov/sheriff-serves</a>.
- Do not use this form if you are asking the sheriff to enforce a wage garnishment order on an employer. Instead, use forms WG-001, *Application for Earnings Withholding Order*, and WG-035, *Confidential Statement of Judgment Debtor's Social Security Number*.
- If you want the sheriff to enforce a writ or levy, complete this form and form SER-001A, *Special Instructions for Writs and Levies—Attachment*.

#### CONFIDENTIAL

To Court Clerk: Do not file this form.

**Sheriff File Number** (for sheriff to complete, if needed):

Fill in case number:

**Court Case Number:** 

Fill in your Case Number

## \*Serving an Individual

All information is required unless it is listed as optional or does not apply to your case.

1	To	o the Sheriff or Marshal of (name of county):	Los Angeles (Must be the County	of where th	ne service will be complete
2	Y	our Information			
	a.	Your name (party requesting service):	Susan Jones		
	b.	Your lawyer's information (if you have one) Name:			
		Firm name:			
	c.	Court case name.	es v. Smith		
		(example: Garcia v. Smith)			
	d.	Contact information for the sheriff or marshal to reach	you		
		(Give an address where you can receive mail regularly another safe address. If you have a lawyer, give the law		fe at Hon	ne address, or
		Address to receive mail: 1234 Goodland Ave			
		City: North Hollywood	State:CA	Zip:	91605
		Telephone number (optional):	Email address (optional):		

**Request for Sheriff to Serve Court Papers** 

CONFIDENTIAL

This is not a court form. Do not file with the court.

Court Case Number:

Fill in your Case Number

	Name of person: John Smith
	•
	Nicknames or aliases (optional):
(2)	Telephone number (optional): (818) 555-XXXX
(3)	Can you describe the person?
	☐ No, I do <i>not</i> have any information about the person's description.
	✓ Yes (complete the section below with any information you have):
	Gender: ✓ Male ☐ Female ☐ Nonbinary
	Height: 6FT Weight: 200LBS Hair color: BR Eye color: BR
	Date of birth or age (give estimate, if unknown): 50 Years
	Race/Ethnicity: White
	Special marks or features (tattoos, scars, etc.): Unknown
	Vehicle (type, model, year, color, plate number): Unknown
	$\square$ Check here if you are including a picture of the person.
(4)	Do you know of any safety or accessibility issues?
	☑ No
	$\square$ Yes (complete the section below with any information you have):
	The person (check all that apply):
	☐ Has a gun or other weapon. ☐ Is on probation or parole.
	☐ Has a history of violence or abuse. ☐ Has an aggressive animal.
	☐ Has special training (examples: military, first responder). ☐ Has mental health issues.
	☐ Is deaf or hard of hearing.
	Does not speak English (list language):
	☐ Add any other information about safety or accessibility that you know about:

## CONFIDENTIAL

Court Case Number:	
Fill in your Case Number	

Address:	987 White Oak			✓ Home	☐ Business
City:	Encino		CA	Zip: 91	310
Gate cod	le or special instructions:				
Best time	e to serve at this address (example: 8 d	.m.–noon): 6AM-7AN	/I early mo	orning befo	re work
	k here if the person is in jail or prison				
(If the pe	e address (optional) erson cannot be found at the address li unty. If you have a second address for				•
Address:	:			☐ Home	☐ Business
City:				Zip:	
Best time	e to serve at this address (example: 8 a				
small	ation About Your Request  t type of court papers are you giving the learning state of attachments of attachments that Claims		_		ing order, eviction,
small	t type of court papers are you giving the claims, bank levy, or writ of attachme	ent)?	_		ing order, eviction,
b. List a (Note the tilist a self-h	t type of court papers are you giving the claims, bank levy, or writ of attachme	ved on the person in 3 umber (example: FL-100 ve ordered you to serve	a. (optiona 0, SC-100). certain pap	al). If there is no vers. Look at t	form number, give the court's order an
b. List a (Note the tilist a self-h	t type of court papers are you giving the claims, bank levy, or writ of attachmed claims  Comall Claims  All forms or court papers you want serve: You can list each form by its form not the of the document. The court may har lel forms required. If you do not know whelp center for free information.)	ved on the person in 3 umber (example: FL-100 ve ordered you to serve	a. (optiona 0, SC-100). certain pap	al). If there is no vers. Look at t	form number, give the court's order an
b. List a (Note the tilist a self-h	t type of court papers are you giving the claims, bank levy, or writ of attachmed claims  Comall Claims  All forms or court papers you want serve: You can list each form by its form not the of the document. The court may har lel forms required. If you do not know whelp center for free information.)	ved on the person in 3 umber (example: FL-100 ve ordered you to serve	a. (optiona 0, SC-100). certain pap	al). If there is no vers. Look at t	form number, give the court's order an
b. List a (Note the tilist a self-h	t type of court papers are you giving the claims, bank levy, or writ of attachmed claims  Comall Claims  All forms or court papers you want serve: You can list each form by its form not the of the document. The court may har lel forms required. If you do not know whelp center for free information.)	ved on the person in 3 umber (example: FL-100 ve ordered you to serve	a. (optiona 0, SC-100). certain pap	al). If there is no vers. Look at t	form number, give the court's order an
b. List a (Note the ti list a self-h	t type of court papers are you giving the claims, bank levy, or writ of attachmed claims  Claim by its form not the of the document. The court may have the court may have the court for free information.)  Claims  C	ved on the person in 3 umber (example: FL-100 ve ordered you to serve	a. (optiona 0, SC-100). certain pap	al). If there is no vers. Look at t	form number, give the court's order an
b. List a (Note the ti list a self-h	t type of court papers are you giving the claims, bank levy, or writ of attachmed atta	ved on the person in 3 umber (example: FL-100 ve ordered you to serve	a. (optiona 0, SC-100). certain pap	al). If there is no vers. Look at t	form number, give the court's order an
b. List a (Note the ti list a self-h	t type of court papers are you giving the claims, bank levy, or writ of attachmed atta	ved on the person in 3 umber (example: FL-100 ve ordered you to serve	a. (optiona 0, SC-100). certain pap	al). If there is no vers. Look at t	form number, give the court's order an
b. List a (Note the ti list a self-h	t type of court papers are you giving the claims, bank levy, or writ of attachmed atta	ved on the person in 3 umber (example: FL-100 ve ordered you to serve which papers you need to	a. (optiona 0, SC-100). certain pap	al). If there is no vers. Look at t	form number, give the court's order a
b. List a (Note the ti list a self-h	t type of court papers are you giving the claims, bank levy, or writ of attachmed atta	ved on the person in 3 umber (example: FL-100 ve ordered you to serve which papers you need to	a. (optiona 0, SC-100). certain pap	al). If there is no vers. Look at t	form number, give the court's order a
b. List a (Note the ti list a self-h	t type of court papers are you giving the claims, bank levy, or writ of attachmed atta	ved on the person in 3 umber (example: FL-100 ve ordered you to serve which papers you need to	a. (optiona 0, SC-100). certain pap	al). If there is no vers. Look at t	form number, give the court's order a

Court Case Number: Fill in your Case Number

5	d.	Is there a deadline for service?  ☐ I don't know ☐ No
		$\checkmark$ Yes (if yes, give deadline): 02/01/2024
	e.	Has the court allowed you to serve your court papers in another way besides personal service (example: substituted service)?  ☐ I don't know ☐ No ☑ Yes (if yes, include a copy of the order allowing another type of service)
	f.	Is there any other information you want or need to give to the sheriff to serve your court papers?
		✓ Yes (if yes, give information below):  Serve court papers by personal service. But if John Smith is unavailable then serve through substituted service.
6	If	nforcement of Writ or Levy you want the sheriff to enforce a writ or levy, you must complete form SER-001A, Special Instructions for irits and Levies—Attachment, and turn it in with this form.
	(0	only complete this section if you want the sheriff to enforce a writ or levy.)
	Do	you want the sheriff to both serve your court papers and act as levying officer? Yes
		No. I only want the sheriff to act as levying officer. A registered process server has or will serve my papers.
<b>You</b> Date:		Signature (party asking for service, or their lawyer) 01/12/2024
		Susan Jones Susan Jones
		Type or print your name  Sign your name (may be electronic)
		CONFIDENTIAL This is not a court form. Do not file with the court

One Copy of SER-001 Request for Sheriff to Serve Court Papers
 Two Copies of SC-100 Plaintiff's Claim and ORDER to Go to Small Claims Court

**SER-001** 

## **Request for Sheriff to Serve Court Papers**

**Instructions:** Each county in California has a sheriff (and sometimes a marshal's office) that can serve different types of court papers, including restraining orders. Note that the sheriff cannot guarantee that they will be successful in finding the person you need served, but they will try to serve based on the information you put on this form.

- Complete this form for each set of papers you need served. You must complete a separate form for each person you need served.
- Find out where the person you need served is located. Give your papers to the sheriff or marshal's office in that county.
- You may have to pay for service of some court papers. For more information, see page 5 of this form, or go to <a href="https://selfhelp.courts.ca.gov/sheriff-serves">https://selfhelp.courts.ca.gov/sheriff-serves</a>.
- Do not use this form if you are asking the sheriff to enforce a wage garnishment order on an employer. Instead, use forms WG-001, *Application for Earnings Withholding Order*, and WG-035, *Confidential Statement of Judgment Debtor's Social Security Number*.
- If you want the sheriff to enforce a writ or levy, complete this form and form SER-001A, *Special Instructions for Writs and Levies—Attachment*.

#### CONFIDENTIAL

To Court Clerk: Do not file this form.

**Sheriff File Number** (for sheriff to complete, if needed):

Fill in case number:

**Court Case Number:** 

Fill in your Case Number

## \*Serving a Corporation

All information is required unless it is listed as optional or does not apply to your case.

1	To	the Sheriff or Marshal of (name of county): Los Angeles (Must be the County of where the service will be completed)
2	Yo	our Information
	a.	Your name (party requesting service): Susan Jones
	b.	Your lawyer's information (if you have one) Name:
		Firm name:
	c.	Court case name: Jones v. Good Times Properties, A Corporation (example: Garcia v. Smith)
	d.	Contact information for the sheriff or marshal to reach you
		(Give an address where you can receive mail regularly, like a post office box, a Safe at Home address, or another safe address. If you have a lawyer, give the lawyer's information.)
		Address to receive mail: 1234 Goodland Ave  City: North Hollywood State: CA Zip: 91605
		Telephone number (optional): Email address (optional):

CONFIDENTIAL

Court Case Number:

Fill in your Case Number

	a or b)	
J	ask the sheriff to serve a person (complete section below)	
(1)	Name of person:	
	Nicknames or aliases (optional):	
(2)	Telephone number (optional):	
(3)	Can you describe the person?  No, I do <i>not</i> have any information about the person's description.	
	$\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ $	
	Gender:   Male   Female   Nonbinary	
	Dogg/Ethnicity:	
	Vehicle (type, model, year, color, nlate number):	
	☐ Check here if you are including a picture of the person.	
(4)	□ No	
		_
		☐ Is on probation or parole.
	•	<ul><li>☐ Has an aggressive animal.</li><li>☐ Has mental health issues.</li></ul>
		☐ Has mental health issues.
	· · · · · · · · · · · · · · · · · · ·	
	Add any other information about safety or accessibility that ye	ou know about:
(1)	Name and type of entity: Good Times Properties, A Corpor	ration
	Telephone number (optional):	
(2)	If there is a specific person who should be served, give name:	
(3)	If there is an agent for service of process, give name: David Gr	een
(4)	List any safety or accessibility issues (examples: weapons, aggressive	e animals, language barrier):
	(1) (2) (3) (4) (4) (1) (2) (3)	(2) Telephone number (optional):

Court	Case N	lumber:	
Fill in	your	Case	Number

Address:	1234 Ventura Blvd			☐ Home ✓ Busine	ess
City:				Zip: 91436	
Gate code	or special instructions:				
Best time	to serve at this address (example: 8 a.mnoon):	9:00	AM - 5:00	)PM	
	here if the person is in jail or prison (give name o				
(If the per	address (optional) son cannot be found at the address listed above, s nty. If you have a second address for the person yo	,		· ·	the
Address:					ess
City:		State:		Zip:	
Gate code	or special instructions:				
Best time	to serve at this address (example: 8 a.mnoon):				
small	cype of court papers are you giving the sheriff to state claims, bank levy, or writ of attachment)?  Small Claims	erve (exai	nples: sumi	mons, restraining order, ev	riction
small	claims, bank levy, or writ of attachment)?	erve (exar	nples: sumi	mons, restraining order, ev	viction,
b. List al (Note: the titl list all self-he	claims, bank levy, or writ of attachment)?	rson in (3 ple: FL-10 ou to serve you need	) a. (option 00, SC-100) e certain pa to serve, as	nal). ). If there is no form numbe upers. Look at the court's o sk a lawyer, or contact you	er, give rder a
b. List al (Note: the titl list all self-he	Small Claims  I forms or court papers you want served on the per You can list each form by its form number (example of the document. The court may have ordered you forms required. If you do not know which papers alp center for free information.)	rson in (3 ple: FL-10 ou to serve you need	) a. (option 00, SC-100) e certain pa to serve, as	nal). ). If there is no form numbe upers. Look at the court's o sk a lawyer, or contact you	er, give rder a
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b. List al (Note: the titl list all self-he SC-	Small Claims  I forms or court papers you want served on the per You can list each form by its form number (example of the document. The court may have ordered you forms required. If you do not know which papers of the center for free information.)  I OO Plaintiff's Claim and ORDER to Go to	rson in (3 ple: FL-10 ou to serve you need	) a. (option 00, SC-100) e certain pa to serve, as	nal). ). If there is no form numbe upers. Look at the court's o sk a lawyer, or contact you	er, give rder a
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b. List al (Note: the titl list all self-he SC-  c. Is ther  l de	Small Claims  I forms or court papers you want served on the per You can list each form by its form number (example of the document. The court may have ordered you forms required. If you do not know which papers of the center for free information.)  I 00 Plaintiff's Claim and ORDER to Go to the acourt hearing (court date)?  On 't know	rson in (3) ple: FL-10 pu to serve you need Small C	) a. (option 00, SC-100) e certain pa to serve, as	nal). ). If there is no form numbe upers. Look at the court's o sk a lawyer, or contact you	er, giv

Court Case Number: Fill in your Case Number

			CONFIDENTIAL
		Type or print your name	Sign your name (may be electronic)
		Susan Jones	Susan Jones  Simulation (with a plantage)
Date:		01/12/2024	
<b>ou</b> r	r S	ignature (party asking for service	, or their lawyer)
		No. I only want the sheriff to act as	levying officer. A registered process server has or will serve my papers.
	□	Yes Yes	your court papers and act as levying officer?
			t the sheriff to enforce a writ or levy.)
	Wi	rits and Levies—Attachment, and	
6	Er	nforcement of Writ or Levy	
			by serving David Green who is the Agent for Service of Proce
		<ul> <li>No</li> <li>✓ Yes (if yes, give information be</li> </ul>	
	f.		want or need to give to the sheriff to serve your court papers?
		No No Ves (if yes, include a come of the	e order allowing another type of service)
	e.	Has the court allowed you to serve substituted service)?  I don't know	your court papers in another way besides personal service (example:
		<ul><li>No</li><li>✓ Yes (if yes, give deadline):</li></ul>	01/22/2024
		☐ I don't know	
<u>5</u> )	d.	Is there a deadline for service?	

## **SER-001**

## **Request for Sheriff to Serve Court Papers**

**Instructions:** Each county in California has a sheriff (and sometimes a marshal's office) that can serve different types of court papers, including restraining orders. Note that the sheriff cannot guarantee that they will be successful in finding the person you need served, but they will try to serve based on the information you put on this form.

- Complete this form for each set of papers you need served. You must complete a separate form for each person you need served.
- Find out where the person you need served is located. Give your papers to the sheriff or marshal's office in that county.
- You may have to pay for service of some court papers. For more information, see page 5 of this form, or go to <a href="https://selfhelp.courts.ca.gov/sheriff-serves">https://selfhelp.courts.ca.gov/sheriff-serves</a>.
- Do not use this form if you are asking the sheriff to enforce a wage garnishment order on an employer. Instead, use forms WG-001, *Application for Earnings Withholding Order*, and WG-035, *Confidential Statement of Judgment Debtor's Social Security Number*.
- If you want the sheriff to enforce a writ or levy, complete this form and form SER-001A, *Special Instructions for Writs and Levies—Attachment*.

#### CONFIDENTIAL

To Court Clerk: Do not file this form.

**Sheriff File Number** (for sheriff to complete, if needed):

Fill in case number:

**Court Case Number:** 

Fill in your Case Number

\*Bank Levy
Bank of America

All information is required unless it is listed as optional or does not apply to your case.

Y	our Information		
a.	Your name (party requesting service): Susan J	ones	
b.	Your lawyer's information (if you have one)		
	Name:		
	Firm name:		
c.	Court case name: Jones v. Smith		
	(example: Garcia v. Smith)		
d.	Contact information for the sheriff or marshal to reac	h you	
	(Give an address where you can receive mail regular another safe address. If you have a lawyer, give the l		at Home address, or
	Address to receive mail: 1234 Goodland Ave		
	City: North Hollywood	State: CA	Zip: 91605
		Email address (optional):	

Court Case Number: Fill in your Case Number

		nation About Person or Entity You Want Served a or b)	
a.		ask the sheriff to serve a person (complete section below)	
	(1)	Name of person:	
		Nicknames or aliases (optional):	
	(2)	Telephone number (optional):	
	(3)	Can you describe the person?  No, I do <i>not</i> have any information about the person's description.	
		☐ Yes (complete the section below with any information you have): Gender: ☐ Male ☐ Female ☐ Nonbinary	
		Height: Weight: Hair color: Eye col	or:
		Date of birth or age (give estimate, if unknown):	
		Special marks or features (tattoos, scars, etc.):	
		Vehicle (type, model, year, color, plate number):	
		☐ Check here if you are including a picture of the person.	
	(4)	Do you know of any safety or accessibility issues?  No	
		Yes (complete the section below with any information you have):	
		The person (check all that apply):	
		<ul><li>☐ Has a gun or other weapon.</li><li>☐ Has a history of violence or abuse.</li></ul>	<ul><li>☐ Is on probation or parole.</li><li>☐ Has an aggressive animal.</li></ul>
		☐ Has special training (examples: military, first responder).	Has mental health issues.
		☐ Is deaf or hard of hearing.	
		☐ Does not speak English (list language):	
		☐ Add any other information about safety or accessibility that y	ou know about:
1			,
b.		I ask the sheriff to serve an entity (examples: business or government	
	(1)		
		Telephone number (optional):	
	(2)	If there is a specific person who should be served, give name:	
	(3)	If there is an agent for service of process, give name: CT Corpor	ration System
		List any safety or accessibility issues (examples: weapons, aggressive	

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Court Case Number:	
Fill in your Case Number	

or special instructions:	xample: 8 a.m.—il or prison (give e address listed and ess for the prison the prison that a ample: 8 a.m.—in quest ou giving the she of attachment)?	noon): 9:00AM - e name of facility): above, some sheriffs me erson you want served,  State: noon):	2:00PM  ay try a second complete the s  Tip:	d address if it's in the section below.)  Home
or special instructions:	xample: 8 a.m.—i il or prison (give e address listed of address for the pri example: 8 a.m.—i quest ou giving the she of attachment)?	noon): 9:00AM - e name of facility): above, some sheriffs me erson you want served,  State: noon):	ay try a second complete the s H Zip:	d address if it's in the section below.)  Home
ddress (optional) on cannot be found at the ty. If you have a second a or special instructions: o serve at this address (ex- tion About Your Rec are of court papers are you laims, bank levy, or write ank Levy forms or court papers you of the document. The co	e address listed and dress for the post  xample: 8 a.m.—  quest  ou giving the she of attachment)?	e name of facility): above, some sheriffs moreon you want served, State: noon):	ay try a second complete the s H Zip:	d address if it's in the section below.)  Home
ddress (optional) on cannot be found at the ty. If you have a second a or special instructions: o serve at this address (ex- tion About Your Rec are of court papers are you laims, bank levy, or write ank Levy forms or court papers you of the document. The co	e address listed and dress for the post  xample: 8 a.m.—  quest  ou giving the she of attachment)?	e name of facility): above, some sheriffs moreon you want served, State: noon):	ay try a second complete the s H Zip:	d address if it's in the section below.)  Home
on cannot be found at the by. If you have a second a seco	xample: 8 a.m.— quest ou giving the she of attachment)?	erson you want served,  State:  noon):  eriff to serve (examples	complete the s	section below.)  Home
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You can list each form by of the document. The co		n the person in (3) a (		
forms required. If you do to center for free informa J-130 Writ of Executi	ourt may have ord not know which ation.)	r (example: FL-100, So dered you to serve cert	C-100). If there ain papers. Lo	ok at the court's order a
<del>-</del> '	ate)?			
(if yes, give date of hea	ring):			
- -	e a court hearing (court dan't know	(if yes, give date of hearing):	e a court hearing (court date)? on 't know	e a court hearing (court date)? on't know (if yes, give date of hearing):

Court Case Number: Fill in your Case Number

5	d.	Is there a deadline for service?  ☐ I don't know
		✓ Yes (if yes, give deadline): Before the Expiration of the EJ-130 Writ of Execution
	e.	Has the court allowed you to serve your court papers in another way besides personal service (example: substituted service)?  ☐ I don't know ☐ No ☑ Yes (if yes, include a copy of the order allowing another type of service)
	f.	Is there any other information you want or need to give to the sheriff to serve your court papers?  ✓ No
		☐ Yes (if yes, give information below):
6	Εı	nforcement of Writ or Levy
	If	you want the sheriff to enforce a writ or levy, you must complete form SER-001A, Special Instructions for rits and Levies—Attachment, and turn it in with this form.
	(0	Only complete this section if you want the sheriff to enforce a writ or levy.)
	Do	you want the sheriff to both serve your court papers and act as levying officer? Yes
		No. I only want the sheriff to act as levying officer. A registered process server has or will serve my papers.
You	r S	Signature (party asking for service, or their lawyer)
Date:	(	02/14/2024
		Susan Jones Susan, Jones
		Type or print your name Sign your name (may be electronic)
		CONFIDENTIAL
		CONFIDENTIAL

-Two Copies of SER-001A Special Instructions for Writs and Levies-Attachment

## **SER-001**

## **Request for Sheriff to Serve Court Papers**

**Instructions:** Each county in California has a sheriff (and sometimes a marshal's office) that can serve different types of court papers, including restraining orders. Note that the sheriff cannot guarantee that they will be successful in finding the person you need served, but they will try to serve based on the information you put on this form.

- Complete this form for each set of papers you need served. You must complete a separate form for each person you need served.
- Find out where the person you need served is located. Give your papers to the sheriff or marshal's office in that county.
- You may have to pay for service of some court papers. For more information, see page 5 of this form, or go to <a href="https://selfhelp.courts.ca.gov/sheriff-serves">https://selfhelp.courts.ca.gov/sheriff-serves</a>.
- Do not use this form if you are asking the sheriff to enforce a wage garnishment order on an employer. Instead, use forms WG-001, *Application for Earnings Withholding Order*, and WG-035, *Confidential Statement of Judgment Debtor's Social Security Number*.
- If you want the sheriff to enforce a writ or levy, complete this form and form SER-001A, *Special Instructions for Writs and Levies—Attachment*.

#### CONFIDENTIAL

To Court Clerk: Do not file this form.

**Sheriff File Number** (for sheriff to complete, if needed):

Fill in case number:

**Court Case Number:** 

Fill in your Case Number

\*Bank Levy Wells Fargo Bank

All information is required unless it is listed as optional or does not apply to your case.

1	To	the Sheriff or Marshal of (name of county): Los Angeles (Must be the County of where the service will be completed
2	Yo	our Information
	a.	Your name (party requesting service): Susan Jones
	b.	Your lawyer's information (if you have one) Name:
		Firm name:
	c.	Court case name: Jones v. Smith  (example: Garcia v. Smith)
	d.	Contact information for the sheriff or marshal to reach you
		(Give an address where you can receive mail regularly, like a post office box, a Safe at Home address, or another safe address. If you have a lawyer, give the lawyer's information.)
		Address to receive mail: 1234 Goodland Ave
		City: North Hollywood State: CA Zip: 91605
		Telephone number (optional): Email address (optional):

**CONFIDENTIAL** 

a	. 🔲 ]	ask the sheriff to serve a person (complete section below)	
		Name of person:	
		Nicknames or aliases (optional):	
	(2)	Telephone number (optional):	
	(3)	Can you describe the person?	
		$\square$ No, I do <i>not</i> have any information about the person's description.	
		$\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ $	
		Gender:   Male Female Nonbinary	
		Height: Weight: Hair color: Eye col	lor:
		Date of birth or age (give estimate, if unknown):	
		Race/Ethnicity:	
		Special marks of features (tattoos, scars, etc.):	
		Vehicle (type, model, year, color, plate number):	
		$\Box$ Check here if you are including a picture of the person.	
	(4)	Do you know of any safety or accessibility issues?	
	. ,	□ No	
		☐ Yes (complete the section below with any information you have):	
		The person (check all that apply):	
		☐ Has a gun or other weapon.	☐ Is on probation or parole.
		☐ Has a history of violence or abuse.	☐ Has an aggressive animal.
		☐ Has special training (examples: military, first responder).	☐ Has mental health issues.
		☐ Is deaf or hard of hearing.	
		Does not speak English (list language):	
		☐ Add any other information about safety or accessibility that y	ou know about:
b		I ask the sheriff to serve an entity (examples: business or government	agency)
	(1)	Name and type of entity: Wells Fargo Bank	
		Telephone number <i>(optional)</i> : (818) 380-2580	
	(2)	If there is a specific person who should be served, give name: Au	thorized Agent
	(3)	If there is an agent for service of process, give name:	
		List any safety or accessibility issues (examples: weapons, aggressiv.	

Court Case Number:					
Fill in	your	Case	Number		

Addre	ess:	17232 Ventura Blvd			□ Но	ome	Business
City:		Encino	State:	CA	Zip:	913	316
		or special instructions:					
Best ti	ime to	o serve at this address (example: 8 a.mnoon): _		9:00	AM - 5:0	0 PN	1
$\Box$ Ch	eck h	ere if the person is in jail or prison (give name o	f facility):				
(If the	perso	ddress (optional) on cannot be found at the address listed above, s y. If you have a second address for the person yo					
Addre	ess:				🗆 Но	ome	☐ Business
City:			State: _		Zip: _		
	code c	or special instructions:					
Best ti	ime to	o serve at this address (example: 8 a.mnoon): _					
a. Wl	hat ty	ion About Your Request  pe of court papers are you giving the sheriff to so aims, bank levy, or writ of attachment)?  nk Levy				rainin	g order, evicti
a. Wl	hat ty	pe of court papers are you giving the sheriff to seaims, bank levy, or writ of attachment)?				rainin	g order, evicti
a. Wl sm  b. Lis (No the list	hat ty nall cla Ba  st all tote: Y tote: Y tote tall fo	pe of court papers are you giving the sheriff to seaims, bank levy, or writ of attachment)?	rson in <b>(3</b> ble: FL-10 u to serve	) a. (option 00, SC-100) c certain po	nal). ). If there i apers. Look	is no fe k at th	orm number, ge e court's orde
a. Wl sm  b. Lis (No the list	hat ty nall cla Ba  st all tote: Y tote: Y tote tall fo	pe of court papers are you giving the sheriff to seaims, bank levy, or writ of attachment)?  nk Levy  forms or court papers you want served on the perfou can list each form by its form number (example of the document. The court may have ordered you can required. If you do not know which papers to center for free information.)	rson in <b>(3</b> ble: FL-10 u to serve	) a. (option 00, SC-100) c certain po	nal). ). If there i apers. Look	is no fe k at th	orm number, ge e court's orde
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a. Wl sm  b. Lis (No the list	hat ty nall cla Ba  st all tote: Y tote: Y tote tall fo	pe of court papers are you giving the sheriff to seaims, bank levy, or writ of attachment)?  nk Levy  forms or court papers you want served on the perfou can list each form by its form number (example of the document. The court may have ordered you can required. If you do not know which papers to center for free information.)	rson in <b>(3</b> ble: FL-10 u to serve	) a. (option 00, SC-100) c certain po	nal). ). If there i apers. Look	is no fe k at th	orm number, ge e court's orde
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a. Wl sm  b. Lis (No the list sel	hat ty nall cla Ba  st all tote: Y tote: Y tote title t all fo	pe of court papers are you giving the sheriff to seaims, bank levy, or writ of attachment)?  nk Levy  forms or court papers you want served on the perfou can list each form by its form number (example of the document. The court may have ordered you can required. If you do not know which papers to center for free information.)	rson in <b>(3</b> ble: FL-10 u to serve	) a. (option 00, SC-100) c certain po	nal). ). If there i apers. Look	is no fe k at th	orm number, ge e court's orde
a. Wl sm  b. Lis (No the lists sel  c. Is t	hat ty nall cla Ba  st all tote: Y tote: Y the title t all follf-help EJ- there	pe of court papers are you giving the sheriff to seaims, bank levy, or writ of attachment)?  nk Levy  forms or court papers you want served on the perform can list each form by its form number (example of the document. The court may have ordered you can required. If you do not know which papers to center for free information.)  130 Writ of Execution	rson in <b>(3</b> ble: FL-10 u to serve	) a. (option 00, SC-100) c certain po	nal). ). If there i apers. Look	is no fe k at th	orm number, ge e court's orde
a. Wl sm  b. Lis (No the list sel  c. Is t	hat ty nall cla Ba  st all tote: Y tote: Y the title t all follf-help EJ- there	pe of court papers are you giving the sheriff to seaims, bank levy, or writ of attachment)?  nk Levy  forms or court papers you want served on the pervou can list each form by its form number (example of the document. The court may have ordered you canter for free information.)  130 Writ of Execution  a court hearing (court date)?	rson in <b>(3</b> ble: FL-10 u to serve	) a. (option 00, SC-100) c certain po	nal). ). If there i apers. Look	is no fe k at th	orm number, ge e court's orde

Court Case Number:				
Fill in your Case Number				

5	d.	Is there a deadline for service?  ☐ I don't know ☐ No
		✓ Yes (if yes, give deadline): Before the expiration of the EJ-130 Writ of Execution
	e.	Has the court allowed you to serve your court papers in another way besides personal service (example: substituted service)?  ☐ I don't know ☐ No ☑ Yes (if yes, include a copy of the order allowing another type of service)
	f.	Is there any other information you want or need to give to the sheriff to serve your court papers?  ✓ No  ☐ Yes (if yes, give information below):
6	Eı	nforcement of Writ or Levy
		you want the sheriff to enforce a writ or levy, you must complete form SER-001A, Special Instructions for rits and Levies—Attachment, and turn it in with this form.
	(0	only complete this section if you want the sheriff to enforce a writ or levy.)
		you want the sheriff to both serve your court papers and act as levying officer? Yes
		No. I only want the sheriff to act as levying officer. A registered process server has or will serve my papers.
You	r S	ignature (party asking for service, or their lawyer)
Date:		02/14/2024
		Susan Jones Susan, Jones
		Type or print your name Sign your name (may be electronic)
		CONFIDENTIAL

## **SER-001A**

## Special Instructions for Writs and Levies—Attachment

#### **Instructions**

Generally, you **will not** need to complete this form if you are asking the sheriff to serve a complaint (unless with a writ of attachment) or a restraining order.

- Complete this form if you want the sheriff or marshal to enforce a writ. You must complete this form and form SER-001, *Request for Sheriff to Serve Court Paper*, and turn both forms in to the sheriff or marshal.
- You must include any writ and related order you want the sheriff to enforce.

#### **CONFIDENTIAL**

**Sheriff File Number** (for sheriff to complete, if needed):

Fill in case number:

**Court Case Number:** 

Fill in your Case Number

# \*Bank Levy Bank of America

This form is attached to form SER-001, Request for Sheriff to Serve Court Papers.

All information is required unless it is listed as optional or does not apply to your case. For more information about what may be required in your case, go to <a href="https://selfhelp.courts.ca.gov/sheriff-serves">https://selfhelp.courts.ca.gov/sheriff-serves</a>.

')	Additional Information About You (Person Requesting Service)
	Are you a judgment creditor (person awarded money or property by the court)?
	✓ Yes
	☐ No (complete the section below):
	(a) What is your role in the case?:
	(b) Is there a judgment creditor in your case?
	□ No
	☐ Yes (list the names of all judgment creditors):
	Additional Information About Porson or Entity You Want Sorved
2)	Additional Information About Person or Entity You Want Served
2)	The person or entity you want served (listed in item 3) of form SER-001):
2	
2)	The person or entity you want served (listed in item 3) of form SER-001):
2)	The person or entity you want served (listed in item 3) of form SER-001): (check one)
2	The person or entity you want served (listed in item 3) of form SER-001): (check one)  Owes you money in this case (judgment debtor).

#### CONFIDENTIAL

3	In	formation About the Writ and Judgment
	a.	Date writ was issued: 01/18/2024
	b.	<ul> <li>The writ included with this request is (check one):</li> <li>✓ An original writ.</li> <li>✓ A copy of the original writ issued by the court as an electronic record and has not already been given to the levying officer (sheriff or marshal).</li> <li>✓ A copy of the original writ that has already been given to the levying officer (sheriff or marshal).</li> </ul>
	c.	Has a judgment been issued by the court?  ☐ No  ☑ Yes (complete section below):  (1) Date judgment was issued: 11/22/2023  (2) If it is a money judgment, give amount: \$10,115.00  (3) List all judgment debtors (people who owe money) if there are any in this case:  If the judgment debtor is not a person, also include the type of organization (example: corporation).
1)	<b>In</b> ta.	formation About the Property to Levy  Describe the property in as much detail as possible. For example:  • For bank accounts, give account number (if known).  • For personal property, describe property and give the address where property is located.
		<ul> <li>For vehicles, give license plate number and address where vehicle is located.</li> <li>For evictions, give address, and any information needed to access the property.</li> <li>For real property (other than evictions), give legal description, address, and assessor's parcel number.</li> <li>If requester is not the person receiving the property, give clear instructions on who will receive the property and how.</li> </ul>
		Bank of America, N.A. Bank Account

b.	Is the property in the judgment debtor's name?  ✓ Yes		
	□ No (list the names of owners and explain their interest in the property, including any leasehold interest):		
	(Note: You may also need to have the people listed above served with your court papers. Check the Code of Civil Procedure for service requirements or talk with a lawyer. Your local court self-help center provides help		
	for free and may be able to help you. To find your local self-help center, go to <a href="https://www.selfhelp.courts.ca.gov/find">www.selfhelp.courts.ca.gov/find</a> .)		
c.	Are you asking the sheriff to levy on property that is a dwelling (a place someone can live in)?  No  Ves (complete the section below):		
	Yes (complete the section below): The dwelling is (check one):		
	<ul> <li>☐ Real property (examples: house, condo, other building attached to land)</li> <li>☐ Personal property (examples: house boat, RV)</li> </ul>		
In	some situations, you will have to give detailed instructions on how you want the sheriff to enforce the order. Use a space below to list any instructions. Some examples of when instructions may be needed include:		
•	Instructions to serve the summons and complaint with a writ of attachment, if not previously served (see Code o Civil Procedure section 488.020(c)).		
•	Instructions that the levying officer must place a keeper in charge of the property (see Code of Civil Procedure sections 700.070 and 700.080).		
•	Instructions to seize personal property from a private place (see Code of Civil Procedure section 699.030).		
_			
	Check here if you need more space to list instructions. Use a separate piece of paper and write "SER-001A, Special Instructions for Sheriff" at the top. Turn it in with this form.		
	CONFIDENTIAL		
	This is not a court form. Do not file with the court.		

New January 1, 2024

Special Instructions for Writs and Levies—Attachment

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-Two copies of SER-001 Request for Sheriff to Serve Court Papers

Dept. Financial Protection & Innovation (DFPI) Service of Legal Process - https://dfpi.ca.gov/central-locations-for-service-of-legal-process/

## **SER-001A**

# Special Instructions for Writs and Levies—Attachment

#### **Instructions**

Generally, you **will not** need to complete this form if you are asking the sheriff to serve a complaint (unless with a writ of attachment) or a restraining order.

- Complete this form if you want the sheriff or marshal to enforce a writ. You must complete this form and form SER-001, *Request for Sheriff to Serve Court Paper*, and turn both forms in to the sheriff or marshal.
- You must include any writ and related order you want the sheriff to enforce.

#### **CONFIDENTIAL**

**Sheriff File Number** (for sheriff to complete, if needed):

Fill in case number:

**Court Case Number:** 

Fill in your Case Number

\*Bank Levy Wells Fargo Bank

This form is attached to form SER-001, Request for Sheriff to Serve Court Papers.

All information is required unless it is listed as optional or does not apply to your case. For more information about what may be required in your case, go to <a href="https://selfhelp.courts.ca.gov/sheriff-serves">https://selfhelp.courts.ca.gov/sheriff-serves</a>.

<b>(1)</b>	Additional Information About You (Person Requesting Service)
	Are you a judgment creditor (person awarded money or property by the court)?
	✓ Yes
	□ No (complete the section below):
	(a) What is your role in the case?:
	<ul> <li>(b) Is there a judgment creditor in your case?</li> <li>☐ No</li> <li>☐ Yes (list the names of all judgment creditors):</li> </ul>
2	Additional Information About Person or Entity You Want Served
	The person or entity you want served (listed in item 3 of form SER-001): (check one)
	✓ Owes you money in this case (judgment debtor).
	☐ Is not a party in this case but has the property.
	Is a person who lives on the property.
	Other (explain):

**CONFIDENTIAL** 

a. D	ate writ was issued:	01/18/2024
$\checkmark$	An original writ.	s request is (check one):
	levying officer (sheriff	writ issued by the court as an electronic record and has not already been given to the or marshal).
	A copy of the original	writ that has already been given to the levying officer (sheriff or marshal).
с. Н	las a judgment been issu	ed by the court?
	No	
	Yes (complete section	
,	,	sued: 11/22/2023
(2	, , , ,	
(3	3 C	stors (people who owe money) if there are any in this case:
	If the judgment debto John Smith	or is not a person, also include the type of organization (example: corporation).
	rmation About the	
		Property to Levy as much detail as possible. For example:
	Describe the property in a	
a. D	Describe the property in a For bank accounts, g	as much detail as possible. For example:
a. D	Describe the property in a For bank accounts, g For personal property	ive account number (if known).
a. D	Pescribe the property in a For bank accounts, g For personal property For vehicles, give lic	ive account number (if known).  y, describe property and give the address where property is located.
a. D	Pescribe the property in a For bank accounts, g For personal property For vehicles, give lic For evictions, give ac	is much detail as possible. For example: ive account number (if known).  y, describe property and give the address where property is located. ense plate number and address where vehicle is located.
a. D	Pescribe the property in a For bank accounts, g For personal property For vehicles, give lic For evictions, give ac For real property (oth	ive account number (if known).  y, describe property and give the address where property is located.  ense plate number and address where vehicle is located.  Iddress, and any information needed to access the property.
a. D	For bank accounts, g For personal property For vehicles, give lic For evictions, give ac For real property (oth If requester is not the and how.	ive account number (if known).  y, describe property and give the address where property is located.  ense plate number and address where vehicle is located.  Iddress, and any information needed to access the property.  her than evictions), give legal description, address, and assessor's parcel number.
a. D	For bank accounts, g For personal property For vehicles, give lic For evictions, give ac For real property (oth If requester is not the and how.	is much detail as possible. For example: ive account number (if known).  y, describe property and give the address where property is located. ense plate number and address where vehicle is located. ddress, and any information needed to access the property. her than evictions), give legal description, address, and assessor's parcel number. experson receiving the property, give clear instructions on who will receive the property
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a. D	For bank accounts, g For personal property For vehicles, give lic For evictions, give ac For real property (oth If requester is not the and how.  Wells Fargo Bar	is much detail as possible. For example: ive account number (if known).  y, describe property and give the address where property is located. ense plate number and address where vehicle is located. ddress, and any information needed to access the property. her than evictions), give legal description, address, and assessor's parcel number. experson receiving the property, give clear instructions on who will receive the property
a. D	For bank accounts, g For personal property For vehicles, give lic For evictions, give ac For real property (oth If requester is not the and how.  Wells Fargo Bar	is much detail as possible. For example: ive account number (if known).  y, describe property and give the address where property is located. ense plate number and address where vehicle is located. ddress, and any information needed to access the property. her than evictions), give legal description, address, and assessor's parcel number. It person receiving the property, give clear instructions on who will receive the property.  hk, Bank Account

b.	Is the property in the judgment debtor's name?  ✓ Yes			
	☐ No (list the names of owners and explain their interest in the property, including any leasehold interest):			
	(Note: You may also need to have the people listed above served with your court papers. Check the Code of Civil Procedure for service requirements or talk with a lawyer. Your local court self-help center provides help for free and may be able to help you. To find your local self-help center, go to <a href="https://www.selfhelp.courts.ca.gov/find">www.selfhelp.courts.ca.gov/find</a> .)			
c.	Are you asking the sheriff to levy on property that is a dwelling (a place someone can live in)?  No			
	Yes (complete the section below):			
	The dwelling is <i>(check one)</i> :  ☐ Real property <i>(examples: house, condo, other building attached to land)</i> ☐ Personal property <i>(examples: house boat, RV)</i>			
	some situations, you will have to give detailed instructions on how you want the sheriff to enforce the order. Use e space below to list any instructions. Some examples of when instructions may be needed include:  Instructions to serve the summons and complaint with a writ of attachment, if not previously served (see Code or Civil Procedure section 488.020(c)).			
•	Instructions that the levying officer must place a keeper in charge of the property (see Code of Civil Procedure sections 700.070 and 700.080).			
•	Instructions to seize personal property from a private place (see Code of Civil Procedure section 699.030).			
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	Check here if you need more space to list instructions. Use a separate piece of paper and write "SER-001A, Special Instructions for Sheriff" at the top. Turn it in with this form.			
	CONFIDENTIAL			
	This is not a court form. Do not file with the court.			

New January 1, 2024

Special Instructions for Writs and Levies—Attachment

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**Clear this form** 

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