

Plaintiff (list names):

Case Number:

9 Have you filed more than 12 other small claims within the last 12 months in California?

Yes No *If yes, the filing fee for this case will be higher.*

10 Is your claim for more than \$2,500? Yes No

If you answer yes, you also confirm that you have not filed, and you understand that you may not file, more than two small claims cases for more than \$2,500 in California during this calendar year.

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

I declare under penalty of perjury under the laws of the State of California that the information above and on any attachments to this form is true and correct.

Date: _____

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.)