



**SUPERIOR COURT OF CALIFORNIA**  
**County of Kings**  
**1640 Kings County Drive, Hanford, CA 93230**  
**(559) 582-1010**

# **SMALL CLAIMS PACKET**

**(Step-by-Step Instructions)**



For further information visit the California Courts Self-Help Center at  
[www.courts.ca.gov/selfhelp.htm](http://www.courts.ca.gov/selfhelp.htm)

OR

Visit the Kings County Self-Help Center at [www.kings.courts.ca.gov/self-help](http://www.kings.courts.ca.gov/self-help) for  
additional assistance options.

## **INSTRUCTIONS INCLUDED FOR THE FOLLOWING FORMS**

Plaintiff's Claim and Order to Go to Small Claims Court	Judicial Council Form SC-100
Other Plaintiff's or Defendants (Attachment to Plaintiff's Claim and Order to Go to Small Claims Court)	Judicial Council Form SC-100A
Fictitious Business Name	Judicial Council Form SC-103
Authorization to Appear	Judicial Council Form SC-109
Proof of Service	Judicial Council Form SC-104

# SC-100

## Plaintiff's Claim and ORDER to Go to Small Claims Court

Clerk stamps date here when form is filed.

### ★ Notice to the person being sued:

- You are the defendant if your name is listed in ② on page 2 of this form or on form SC-100A. The person suing you is the plaintiff, listed in ① on page 2.
- You and the plaintiff must go to court on the trial date listed below. If you do not go to court, you may lose the case. If you lose, the court can order that your wages, money, or property be taken to pay this claim.
- Bring witnesses, receipts, and any evidence you need to prove your case.
- Read this form and all pages attached to understand the claim against you and to protect your rights.

### Aviso al Demandado:

- Usted es el Demandado si su nombre figura en ② de la página 2 de este formulario, o en el formulario SC-100A. La persona que lo demanda es el Demandante, la que figura en ① de la página 2.
- Usted y el Demandante tienen que presentarse en la corte en la fecha del juicio indicada a continuación. Si no se presenta, puede perder el caso. Si pierde el caso, la corte podría ordenar que le quiten de su sueldo, dinero u otros bienes para pagar este reclamo.
- Lleve testigos, recibos y cualquier otra prueba que necesite para probar su caso.
- Lea este formulario y todas las páginas adjuntas para entender la demanda en su contra y para proteger sus derechos.

Fill in court name and street address:

Superior Court of California, County of  
**Kings**  
**1640 Kings County Drive**  
**Hanford, CA 93230**

Court fills in case number when form is filed.

Case Number:

Case Name:

### Order to Go to Court

The people in ① and ② must attend court: (Clerk fills out section below.)

Trial Date	Date	Time	Department Name and address of court, if different from above
	1. _____		_____
	2. _____		_____
	3. _____		_____
<b>LEAVE THIS SECTION BLANK</b>			
	Date: _____	Clerk, by _____	, Deputy

### ★ Instructions for the person suing:

**Do not use this form to recover COVID-19 rental debt**, which is unpaid rent or other financial obligations under a tenancy due between March 1, 2020, and September 30, 2021. (See Code of Civil Procedure, §1179.02.) To recover COVID-19 rental debt, use form SC-500, Plaintiff's Claim and ORDER to Go to Small Claims Court.

- You are the plaintiff. The person you are suing is the defendant.
- **Before** you fill out this form, read form SC-100-INFO, Information for the Plaintiff, to know your rights. You can get form SC-100-INFO at any courthouse or county law library, or go to [www.courts.ca.gov/forms](http://www.courts.ca.gov/forms).
- **Fill out pages 2, 3, and 4 of this form.** Make copies of all the pages of this form and any attachments—one for each party named in this case and an extra copy for yourself. Take or mail the original and the copies to the court clerk's office and pay the filing fee. The clerk will write the date of your trial in the box above. Your court may allow electronic filing. Check your local court website for information: [www.courts.ca.gov/find-my-court.htm](http://www.courts.ca.gov/find-my-court.htm).
- You must have someone at least 18—not you or anyone else listed in this case—give each defendant a court-stamped copy of all pages of this form and any pages this form tells you to attach. There are special rules for "serving," or delivering, this form to public entities, associations, and some businesses. See forms SC-104, SC-104B, and SC-104C.
- **Go to court on your trial date listed above.** Bring witnesses, receipts, and any evidence you need to prove your case.



⇒ Plaintiff (list names: **Your Name** (and anyone else suing WITH you))

Case Number: \_\_\_\_\_

**1 The plaintiff** (the person, business, or public entity that **is** suing) is:

Name:           Your Name           Phone:           Your Phone #            
Street address:           Your Physical Address                     City                     State                     Zip Code            
Street  
Mailing address (if different):           (Mailing Address, if different from above)            
Street           City                     State                     Zip            
Email address (if available):           (Optional)          

**If more than one plaintiff, list next plaintiff here:**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Street address:           if another person is suing with you then complete this section            
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-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 Financial Code sections 23000 et seq.

**2 The defendant** (the person, business, or public entity **being** sued) is:

Name:           Name of the person or business or public entity your suing           Phone:           Defendant's Phone #            
Street address:           defendant's address                     City                     State                     Zip Code            
Street  
Mailing address (if different):           (Defendant's mailing address if different from above)            
Street           City                     State                     Zip          

**If the defendant is a corporation, limited liability company, or public entity, list the person or agent authorized for service of process here:**

Name: \_\_\_\_\_ Job title, if known: \_\_\_\_\_  
Address: \_\_\_\_\_  
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: \_\_\_\_\_

**3 The plaintiff claims the defendant owes \$**           Dollar Amount they owe you.           (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?

★Give detailed information as to WHY you believe the defendant owes you this money.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_





⇒ Plaintiff (list names): Your Name (and anyone else suing WITH you)

Case Number: \_\_\_\_\_

- 3 b. When did this happen? (Date): \_\_\_\_\_  
If no specific date, give the time period: Date started: \_\_\_\_\_ Through: \_\_\_\_\_  
c. How did you calculate the money owed to you? (Do not include court costs or fees for service.)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_ **Explain how you calculated  
the amount owed to you.** \_\_\_\_\_  
\_\_\_\_\_

Check here if you need more space. Attach one sheet of paper or form MC-031 and write "SC-100, Item 3" at the top.

- 4 You **must** ask the defendant (in person, in writing, or by phone) to pay you before you sue. If your claim is for possession of property, you must ask the defendant to give you the property. Have you done this?

Yes  No If no, explain why not: \_\_\_\_\_

Mark one

Did you ask the defendant to pay you or give your property back?

If not, tell the court why you did not. \_\_\_\_\_

- 5 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. (4) Where a contract (written or spoken) was made, signed, performed, or broken by the defendant or where the defendant lived or did business when the defendant made the contract.  
(2) Where the plaintiff's property was damaged.  
(3) Where the plaintiff was injured.
- b.  Where the buyer or lessee signed the contract, lives now, or lived when the contract was made, if this claim, is about an offer or contract for personal, family, or household goods, services, or loans. (Code Civ. Proc., § 395(b).)
- c.  Where the buyer signed the contract, lives now, or lived when the contract was made, if this claim is about a retail installment contract (like a credit card). (Civ. Code, § 1812.10.)
- d.  Where the buyer signed the contract, lives now, or lived when the contract was made, or where the vehicle is permanently garaged, if this claim is about a vehicle finance sale. (Civ. Code, § 2984.4.)
- e.  Other (specify): \_\_\_\_\_

- 6 List the zip code of the place checked in (5) above (if you know): \_\_\_\_\_ Zip code for your answer in #5

- 7 Is your claim about an **attorney-client fee dispute**?  Yes  No (Ex: Attorney fee dispute from another case)  
If yes, and if you have had arbitration, fill out form SC-101, attach it to this form, and check here:

- 8 Are you suing a **public entity**?  Yes  No ("Public Entity"= State or Local Government Agency).  
If yes, you must file a written claim with the entity first.  A claim was filed on (date): \_\_\_\_\_  
If the public entity denies your claim or does not answer within the time allowed by law, you can file this form.



⇒ Plaintiff (list names): **Your Name** (and anyone else suing WITH you)

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: \_\_\_\_\_

**Your Printed Name**

Plaintiff types or prints name here

**Your Signature**

Plaintiff signs here

Date: \_\_\_\_\_

**For Second Plaintiff, if there is one**

Second plaintiff types or prints name here

**For Second Plaintiff, if there is one**

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.)



☆ Use this form IF you have more than 2 plaintiffs (person suing) or more than 1 defendant (person being sued)

# SC-100A Other Plaintiffs or Defendants

Case Number: \_\_\_\_\_

This form is attached to Form SC-100, item 1 or 2.

**1 If more than two plaintiffs (person, business, or entity suing), list their information below:**

Other plaintiff's name: \_\_\_\_\_

Street address: \_\_\_\_\_ Phone: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Mailing address (if different): \_\_\_\_\_

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: \_\_\_\_\_

Mailing address (if different): \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Is this plaintiff doing business under a fictitious name?  Yes  No If yes, attach form SC-103.

Check here if more than 4 plaintiffs and fill out and attach another form SC-100A.

**2 If more than one defendant (person, business, or entity being sued), list their information below:**

Other defendant's name: \_\_\_\_\_

Street address: \_\_\_\_\_ Phone: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Mailing address (if different): \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

If this defendant is a corporation, limited liability company, or public entity, list the person or agent authorized for service of process:

Name: \_\_\_\_\_ Job title, if known: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Check here if your case is against more than two defendants, and fill out and attach another form SC-100A.

**3 Is your claim for more than \$2,500?  Yes OR  No**

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

**4 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 California state law that the information above and on any attachments to this form is true and correct.

Date: \_\_\_\_\_

Type or print your name \_\_\_\_\_

Date: \_\_\_\_\_

Type or print your name \_\_\_\_\_

\_\_\_\_\_  
Sign your name

\_\_\_\_\_  
Sign your name

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 \_\_\_\_



Use this form **IF YOU** are the one who's suing **AND** you are doing business under a fictitious business name.

**SC-103**

**Fictitious Business Name**

Case Number: \_\_\_\_\_

→ This form is attached to:  Form SC-100  Form SC-120  Form SC-500

- ① **If you want to file a small claim and you are doing business under a fictitious name ("doing business as," or "dba") give the following information.** (Nonprofits and exempt real estate investment trusts do not have to file this form.)

Business name of the person suing: \_\_\_\_\_

Business address (not a U.S. Postal Service P.O. Box): \_\_\_\_\_

Mailing address (if different): \_\_\_\_\_

- ② **The business listed in ① does business as (check ONLY one):**

an individual

a corporation

an association

a limited liability company

a partnership

other (specify): \_\_\_\_\_

*You must follow the laws for fictitious business names. If you have not followed these laws, including filing a fictitious business name statement in your county and publishing this information in a local newspaper, the court can dismiss your case.*

- ③ **Name of county where you filed your Fictitious Business Name Statement (dba):** \_\_\_\_\_

- ④ **Your Fictitious Business Name Statement number:** \_\_\_\_\_

- ⑤ **Date your Fictitious Business Name Statement expires:** \_\_\_\_\_

- ⑥ I declare under penalty of perjury under the laws of the State of California that the information above is true and correct

Date: Only the owner, president, chief executive officer (CEO), or other qualified officer can sign this form.

Type or print your name and title

Sign your name

⑦ **Need help?**

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

\_\_\_\_\_

\_\_\_\_\_

Or go to "County-Specific Court Information" at [www.courts.ca.gov/selfhelp-smallclaims](http://www.courts.ca.gov/selfhelp-smallclaims)

**\*Use this form IF YOU are authorized to appear for a plaintiff or defendant in this case**

## SC-109 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.

**① List the name, address, and position of the person appearing:**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Job title or relationship to the defendant or plaintiff you want to appear for: \_\_\_\_\_

**② Who are you appearing for?**

A defendant in this case (name): \_\_\_\_\_

A plaintiff in this case (name): \_\_\_\_\_

**③ 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.
- Other (explain): \_\_\_\_\_

**④ I declare under penalty of perjury under California state law that the information above is true and correct.**

Date: \_\_\_\_\_

Printed name of person authorized to appear

Type or print your name

Signature of person authorized to appear

Sign your name

Clerk stamps date here when form is filed.

Fill in court name and street address:

Superior Court of California, County of  
**Kings**  
1640 Kings County Drive  
Hanford, CA 93230

Fill in your case number and case name below:

Case Number: **Case #**  
(if you already have one)

Case Name:  
**Last Name vs. Last Name**



★ **Your SERVER completes the Proof of Service**

**SC-104 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

1 a. If you are serving a **person**, write the person's name below:  
The Name of the person you served

Complete (a.) or (b.) 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:  
Name of Business or Entity

Business or Agency Name  
Name of person authorized to accept service/their job title.  
 Person Authorized for Service Job Title

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 1 a copy of the documents checked below:**

- a.  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): \_\_\_\_\_



Clerk stamps date here when form is filed.

Fill in court name and street address:  
 Superior Court of California, County of  
**Kings**  
**1640 Kings County Drive**  
**Hanford, CA 93230**

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

Case Number:	
Case Name:	
Hearing Date:	
Time:	Dept.:

Mark which documents you served.

Case name: Last Name vs. Last Name

Case Number: Case #

**4** Fill out "a" **or** "b" below:

a.  **Personal Service:** I personally gave copies of the documents checked in **3** to the person in **1** :

On (date): \_\_\_\_\_ At (time): \_\_\_\_\_  a.m.  p.m.

At this address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

b.  **Substituted Service:** I personally gave copies of the documents checked in **3** (a, b, or d) to (check one):

A competent adult (at least 18) at the home of, and living with the person in **1** , or

An adult who seems to be in charge where the person in **1** usually works, or

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**.

I told that adult, "Please give these court papers to (name of person in **1**)."

I did this on (date): \_\_\_\_\_ At (time): \_\_\_\_\_  a.m.  p.m.

At this address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Name or description of the person I gave the papers to: \_\_\_\_\_

After serving the court papers, I put copies of the documents listed in **3** in an envelope, sealed the envelope, and put first-class prepaid postage on it. I addressed the envelope to the person in **1** at the address where I left the copies.

I mailed the envelope on (date): \_\_\_\_\_ from (city, state): \_\_\_\_\_

by leaving it (check one):

a.  At a U.S. Postal Service mail drop, or

b.  At an office or business mail drop where I know the mail is picked up every day and deposited with the U.S. Postal Service, or

c.  With someone else I asked to mail the documents to the person in **1**, and I have attached that person's completed Form SC-104A.

**5** Server's Information

Name: Name of the server Phone: Servers Phone #

Address: Servers Address

City: City State: State Zip: zip code

Fee for service: \$ If there was a fee

If you are a registered process server:

County of registration: \_\_\_\_\_ Registration number: \_\_\_\_\_

**6** I declare under penalty of perjury under California state law that I am at least 18 years old and not named in this case and that the information above is true and correct.

Date: \_\_\_\_\_

**Server's Printed Name**

Type or print server's name

**Server's Signature**

Server signs here after serving