PARTY *(Name and address)*:

TELEPHONE NO. *(Optional)*:
E-MAIL ADDRESS *(Optional)*:
FAX NO. *(Optional)*:

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SUPERIOR COURT OF CALIFORNIA, COUNTY OF

STREET ADDRESS:
MAILING ADDRESS:
CITY AND ZIP CODE:
BRANCH NAME:

PLAINTIFF:

DEFENDANT:

REQUEST TO AMEND PARTY NAME BEFORE HEARING (SMALL CLAIMS)

CASE NUMBER:

IMPORTANT NOTICES

A copy of this request must be mailed or personally delivered to each of the other parties in this case if your claim has already been served. File the original request with the court and keep a copy.

If your claim has not yet been served, you should **not** file this form. File and serve an "amended" claim to correct the parties' names (form SC-100 or SC-120) instead. Or dismiss your claim and start over by filing a new claim if the statute of limitations on your claim has not run out.

A decision on your request to amend your claim will be made at the hearing. The judge can grant or deny your request or continue the hearing.

REQUEST

1. I am the ☐ plaintiff ☐ defendant in this case.

2. I request that my small claims claim be changed to amend parties' names as follows *(explain)*:

3. a. A copy of this request was ☐ mailed ☐ personally delivered to each of the other parties in this case on (*date*): at the following address (*specify name and address*):

   b. ☐ *(Optional)* Each of the other parties was also notified of this request by ☐ telephone ☐ e-mail ☐ fax on *(date)*:

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

Date:

(TYPE OR PRINT NAME) (SIGNATURE)

Form Approved for Optional Use
Judicial Council of California
SC-114 [New January 1, 2004]

Code of Civil Procedure
§§ 116.560, 473

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