

# **THE POCKET LAWYER<sup>®</sup>**

## **Document Preparation Service**

### **/// Workbook ///**

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✍️ “We Help You Help Yourself” ✍️

**SMALL CLAIMS - CALIFORNIA**



**PART "A"**

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# **THE POCKET LAWYER<sup>®</sup>**

## *Document Preparation Service Workbook*

**“Self-Help” Series**

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## Small Claims Client Workbook

**INSTRUCTIONS:** Answer All questions with an answer or a N/A. If more than ONE person is suing or being sued, give information on all plaintiffs and defendants, below.

### PLAINTIFF INFORMATION

1	Your first name (Plaintiff)	Middle	Last
2	Street Address		
3	City	State	Zip
4	County of residence	How long have you lived in that County?	
5	Mailing Address (if different)		
6	Telephone, home	Telephone, business	
7	Are you at least 18 years of age? <input type="checkbox"/> Yes <input type="checkbox"/> No		
8	Is the Plaintiff doing business under a fictitious name? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, please complete: The business is doing business as: <input type="checkbox"/> an individual <input type="checkbox"/> a partnership <input type="checkbox"/> a corporation <input type="checkbox"/> an association <input type="checkbox"/> other (specify) _____ Has a <i>Fictitious Business Name Statement</i> been filed? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, please complete: Which County? _____ Statement number _____ Expiration date _____		
9	Your first name (Second Plaintiff)	Middle	Last
10	Street Address		
11	City	State	Zip
12	County of residence	How long have you lived in that County?	
13	Mailing Address (if different)		
14	Telephone, home	Telephone, business	
15	Are you at least 18 years of age? <input type="checkbox"/> Yes <input type="checkbox"/> No		

**If additional space is needed, number and insert below.**


Small Claims Client Workbook (continued)

**DEFENDANT INFORMATION**

*You must use the Defendant's EXACT LEGAL NAME. If the Defendant is a business or a corporation and you do not know the exact legal name; check with the state or local licensing agency; the county clerk's office; or the Office of the Secretary of State, corporate status unit.*

16	First name of Defendant	Middle	Last	
17	Company Name (if any)			
18	Street Address			
19	City	State		Zip
20	Mailing Address (if different)			
21	Is this Defendant on active military duty? <input type="checkbox"/> Yes <input type="checkbox"/> No			
22	First name of Second Defendant (if any)	Middle	Last	
23	Company Name (if any)			
24	Street Address			
25	City	State		Zip
26	Mailing Address (if different)			
27	Is this Defendant on active military duty? <input type="checkbox"/> Yes <input type="checkbox"/> No			

**If additional space is needed, number and insert below.**


Small Claims Client Workbook (continued)

**INFORMATION ABOUT YOUR CLAIM**

28 Is your claim about an attorney-client dispute?  Yes  No If YES, did you have arbitration?  
 Yes  No (If YES, SC-101 must be completed – See supplemental information on Attorney  
 Fee Disputes).

29 Are you suing a government agency?  Yes  No If YES, you must file a written claim with the  
 agency first. Did you file a written claim?  Yes  No If YES, date filed \_\_\_\_\_

30 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)

31 What amount do you claim the Defendant or Defendants owe you? \$

32 Explain why the Defendant or Defendants owe the Plaintiff or Plaintiffs money:

33 When did this happen? (Date) \_\_\_\_\_ If no specific date, give the time period:  
 Date started \_\_\_\_\_ through \_\_\_\_\_ .

34 How did you calculate the money owed to you?

35 You must ask the Defendant (in person, in writing, or by phone), to pay you before you sue in small  
 claims court. Have you done this?  Yes  No If NO, explain why:

**If additional space is needed, number and insert below.**


**INFORMATION REGARDING THE PROPER COURTHOUSE FOR FILING YOUR CLAIM**

36 *You must sue in the right court and judicial district. You may have a choice of which courthouse to file your claim in. Check one or more of the following statements that apply to your situation, and specify the city, state and zip, where it occurred.*  
A proper courthouse is one that covers the area (location) where:  
 1) A contract (written or spoken) was made, signed, performed, or broken by the Defendant (specify city, state, zip) \_\_\_\_\_  
 2) Defendant lived when the Defendant made the contract (specify city, state, zip) \_\_\_\_\_  
 3) Defendant lives or does business (specify city, state, zip) \_\_\_\_\_  
 4) Plaintiff's property was damaged (specify city, state, zip) \_\_\_\_\_  
 5) Plaintiff was injured (specify city, state, zip) \_\_\_\_\_  
 6) Plaintiff signed the contract or lives (or lived) if this claim is about an offer or contract for personal, family, or household goods, services, or loans (specify city, state, zip) \_\_\_\_\_  
 7) Plaintiff signed the contract or lives (or lived) if this claim is about a retail installment contract (like a credit card) (specify city, state, zip) \_\_\_\_\_  
 8) Plaintiff signed the contract or lives (or lived) if this claim is about a vehicle finance sale (specify city, state, zip) \_\_\_\_\_  
 9) Other (explain and specify city, state, zip) \_\_\_\_\_  
\_\_\_\_\_

37 *From those boxes checked in ITEM 36, above, select where you want to file your claim.*  
I want to file my claim in the California courthouse that covers the following area:  
City: \_\_\_\_\_ State: CA Zip: \_\_\_\_\_

**SERVICE OF PROCESS**

38 The correct way of telling the Defendant about the lawsuit is called service of process. This means giving the Defendant a copy of the claim. **YOU CANNOT DO THIS YOURSELF.** One way of serving the Defendant(s) is to use a Registered Process Server, at an additional cost. For additional information, check the following box:  YES, I would like information and a fee schedule regarding the services of a Registered Process Server.

**If additional space is needed, number and insert below.**


Small Claims Client Workbook (continued)	
39	Do you want us to make copies and conform the papers for filing? <input type="checkbox"/> YES <input type="checkbox"/> NO
40	<u>This Acknowledgement must be signed by ALL Plaintiffs</u>
<p>I (We), acknowledge that the information provided by me in this Workbook is true and accurate to the best of my knowledge. I further acknowledge that I am going to do my own Small Claims matter and want the <b>POCKET LAWYER</b><sup>®</sup> Document Preparation Service to assist me by performing certain document preparation services, according to my instructions. I will be solely responsible for the information contained in these documents and will have the opportunity to review the completed documents before they are filed. I understand that the <b>POCKET LAWYER</b> Document Preparation Service does <u>not</u> render legal advice or legal services and is acting solely at my direction and pursuant to my decisions. I further understand that I have the right to handle my own legal matters and act as my own attorney, but that the advice of an attorney may be necessary. The <b>POCKET LAWYER</b> encourages attorney participation and will provide a list of attorney referrals, at my request.</p> <p>I hereby relieve the <b>POCKET LAWYER</b> from any liability whatsoever, regarding this Small Claims matter, and agree to hold them harmless from any damages I may suffer and understand that my sole relief is limited to the return of any fee paid for the preparation of these documents.</p>	
Signature	
Date	
Print name	
Signature	
Date	
Print name	
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