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Date: _____

The Justice Center
 65 West Ramsey Street
 Banning, CA 92223
 Phone: (800) 45-JUSTICE
 Fax: (800) 85-JUSTICE

Small Claims Application Form


How are you bringing this action? (check one)					
<input type="checkbox"/> Suing on behalf of myself			<input type="checkbox"/> Suing on behalf of a business		
			If so, please provide Business Name:		
Plaintiff Information:					
Plaintiff # 1			Plaintiff # 2 (if applicable)		
First Name:			First Name:		
Last Name:		Suffix:	Last Name:		Suffix:
Address:			Address:		
City:	State:	Zip:	City:	State:	Zip:
☎ Landline:			☎ Landline:		
☎ Work:		Text? Yes No	☎ Work:		Text? Yes No
☎ Mobile:		Text? Yes No	☎ Mobile:		Text? Yes No
✉ Email:			✉ Email:		
Which type of defendant are you suing? (check one)					
<input type="checkbox"/> Person		<input type="checkbox"/> Business		<input type="checkbox"/> Both	
		If so, please provide Business Name:			
Defendant Information:					
Defendant # 1			Defendant # 2 (if applicable)		
First Name:			First Name:		
Last Name:		Suffix:	Last Name:		Suffix:
Address:			Address:		
City:	State:	Zip: 92223	City:	State:	Zip:
☎ Landline:			☎ Landline:		
☎ Work:		Text? Yes No	☎ Work:		Text? Yes No
☎ Mobile:		Text? Yes No	☎ Mobile:		Text? Yes No
✉ Email:			✉ Email:		



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Claim Information:		
 Amount: \$	As of / On the following date:	the defendant(s)...
Explain:		
Supplementary Information:		
This claim is regarding a bad check. (IF SO, ATTACH A COPY OF THE CHECK)		<input type="checkbox"/> Yes <input type="checkbox"/> No
I have demanded payment from the defendant but was rejected.		<input type="checkbox"/> Yes <input type="checkbox"/> No
I have had 12 or more small claims cases within the past 12 months.		<input type="checkbox"/> Yes <input type="checkbox"/> No
I have come to The Justice Center in the past.		<input type="checkbox"/> Yes <input type="checkbox"/> No
If not, please tell where you heard about us:		

Provide any extra information important to your case on the back of this page.



www.smallclaimshelp.com

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