

NAME, ADDRESS, AND TELEPHONE NUMBER OF PARTY:	RESERVED FOR CLERK'S FILE STAMP
SUPERIOR COURT OF CALIFORNIA, COUNTY OF SAN JOAQUIN	
BRANCH NAME: MAILING ADDRESS: STREET ADDRESS: CITY AND ZIP CODE:	
PLAINTIFF: DEFENDANT:	
REQUEST FOR CERTIFIED MAIL (SMALL CLAIMS)	CASE NUMBER:

I am the Plaintiff Defendant in the above entitled action and hereby request that my claim be served via certified mail addressed as follows:

Party Name: _____

Agent for Service (if applicable): _____

Party or Agent for Service Address: _____

City, State and Zip Code: _____

NOTE:

The clerk will attempt to serve your claim by certified mail, return receipt requested, restricted delivery (to be signed by addressee only) for a separate fee for each party served.

THIS SERVICE IS NOT GUARANTEED TO BE RELIABLE.

THERE IS NO REFUND IF THE PARTY IS NOT SERVED.

THE COURT WILL NOT NOTIFY YOU AS TO WHETHER OR NOT THE CLAIM HAS BEEN SERVED.

You may call the Small Claims Division or visit the court's website at www.sjcourts.org to verify if the party has been served.

Date: _____ Name: _____

Signature