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 CER (SMALL CLA		CASE NUMBER:
I am the Plaintiff Defendant in the served via certified mail addressed as fo		nereby request that my claim be
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 (to be signed by addressee only) for a set THIS SERVICE IS NOT GUARANTEED THERE IS NO REFUND IF THE PARTY	eparate fee for each party ser TO BE RELIABLE.	
THE COURT WILL NOT NOTIFY YOU AS TO You may call the Small Claims Division of the party has been served.		
Date:	Name:	
Form Adopted for Mandatory Use	S	ignature

Form Adopted for Mandatory Use Superior Court of California, County of San Joaquin Form – Sup Ct 378 Effective 09/2015

REQUEST FOR CERTIFIED MAIL

Code Civ. Proc., § 116.340(a)(1)