

PARTY INFORMATION: NAME: ADDRESS: CITY, STATE, ZIP: TELEPHONE NO: FAX NO. (Optional): EMAIL ADDRESS (Optional): ATTORNEY FOR (Name):	
SUPERIOR COURT OF CALIFORNIA, COUNTY OF SANTA CRUZ 1 Second Street, Room 300 Watsonville, CA 95076 Watsonville Branch	
PLAINTIFF/PETITIONER: vs. DEFENDANT/RESPONDENT:	
REQUEST FOR CERTIFIED MAIL SERVICE (SMALL CLAIMS)	CASE NUMBER:

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

Party Name: _____
 Agent for Service (if applicable): _____
 Address of Party or Agent: _____

Party Name: _____
 Agent for Service (if applicable): _____
 Address of Party or Agent: _____

Party Name: _____
 Agent for Service (if applicable): _____
 Address of Party or Agent: _____

Party Name: _____
 Agent for Service (if applicable): _____
 Address of Party or Agent: _____

The clerk will attempt to serve your claim by certified mail, return receipt requested, restricted delivery (to be signed by the addressee only). There is a \$15 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 the claim has been served. It is your responsibility to check with the court. You may call the Small Claims Division, come to the clerk's window, or check our online portal at the court's website www.santacruzcourt.org to learn if the party has been served.

Date: _____ Name: _____

Signature: _____