

1 SUPERIOR COURT OF THE STATE OF CALIFORNIA
2 IN AND FOR THE COUNTY OF KINGS
3

4 _____,
5 Plaintiff,
6
7 vs.
8 _____,
9 Defendant(s).

No. _____

**DECLARATION IN SUPPORT OF
PLAINTIFF'S CLAIM**

[CCP §116.540(f)]

10
11 1. I am the Plaintiff in this small claims matter and am currently incarcerated in
12 a county jail, a Department of Corrections facility, or a Youth Authority facility.

13 2. I request damages (exclusive of fees and costs) be awarded in my favor and
14 against Defendant(s), as follows:

15 ***Name of Defendant:***

Amount of Damages:

16 _____
17 _____
18 _____

19 3. I also request an award of costs (filing fees and service costs) against
20 the Defendant(s) in the amount of \$_____.

21 4. The alleged breach of duty or contract occurred on _____.

22 5. The facts supporting my claim for damages are as follows: _____

23 _____
24 _____
25 _____

26 _____ (additional pages
27 attached? Y or N [circle one]. *Label Additional Page(s) as "Facts in Support of Claim".*)

28 **DECLARATION IN SUPPORT OF PLAINTIFF'S CLAIM**

1 6. I [have] or [have not] (circle one), attached documents in support of my
2 claim. Identify name and relevance of any document attached to Declaration.

Name of Document:	Relevance to Claim:
_____ (Exh. 6(A))	_____
_____ (Exh. 6(B))	_____
_____ (Exh. 6(C))	_____
_____ (Exh. 6(D))	_____
_____ (Exh. 6(F))	_____

11
12 (additional pages attached? Y or N [circle one]. *Label Exhibits as Exhibit 6(G) through*
13 *6(Z) as appropriate.*)

14 7. Prior to filing this Declaration, I [did] or [did not] (circle one) make a demand
15 for payment to the Defendant(s). If I did not make a demand for payment to one or more
16 of the Defendants, the reason I did not do so is: _____

17 _____
18 _____

19 8. Prior to filing this Declaration, I [did] or [did not] (circle one) exhaust all
20 available administrative remedies against the Defendant(s).

21 **(Mark one)**

22 [] A Director's Level Response to my administrative appeal pursuant to California
23 Code of Regulations, title 15, Section 3084.1, et. seq., was received on: _____ (date)

24 [] I have not received a Director's Level Response to my administrative appeal
25 because: _____

26 _____
27 _____

28 **DECLARATION IN SUPPORT OF PLAINTIFF'S CLAIM**

1 9. Prior to filing this Declaration, I [did] or [did not] (circle one) file a claim with
2 the California Victim Compensation and Government Claims Board ("VCGCB").

3 **(Mark one)**

4 [] My claim was denied on _____ (date)

5 [] I did not file a claim with the VCGCB because: _____
6 _____
7 _____
8 _____

9 10. I hereby consent to the court's appointment of a temporary judge to hear this
10 matter. I understand that a temporary judge is a qualified member of the State Bar and
11 that I have a right to have the matter heard before a judge, commissioner, or referee of the
12 court.¹

13 11. I declare under penalty of perjury under the laws of the State of California
14 that the foregoing, and all matters stated in the attached pages hereto are true and correct
15 to the best of my personal knowledge. As to those matters stated on information and
16 belief, I believe the same to be true and correct.

17 This Declaration in Support of Plaintiff's Claim was executed by me on
18 _____, 20____ at _____ (identify address where
19 executed).

20 _____
21 Print Name of Declarant

_____ Signature of Declarant

22 **NOTICE:** This Declaration must be filed with the court at least 5 court days prior to the
23 hearing scheduled in your small claims case. Unless good cause has been shown to
24 exist, a copy of this Declaration and all attachments must be served upon the
25 Defendant(s) prior to the hearing.
26

27 _____

28 **DECLARATION IN SUPPORT OF PLAINTIFF'S CLAIM**

PROOF OF SERVICE BY MAIL

* * *

STATE OF CALIFORNIA)
)
COUNTY OF KINGS) ss. No. _____

I hereby declare under penalty of perjury that I am over the age of eighteen (18) years and not a party to this action. I further declare under penalty of perjury that on _____, 20____, and in accordance with the procedures for the mailing of documents employed by _____ (**prison name**), I served the attached DECLARATION IN SUPPORT OF PLAINTIFF’S CLAIM via first class mail by depositing a true copy thereof, enclosed in a sealed envelope with postage fully paid, either in the designated box and/or with the appropriate designated prison official. The envelope was address, as follows:

Executed on _____, 20____, at Hanford, California.

(Name)

DECLARATION IN SUPPORT OF PLAINTIFF’S CLAIM