

The Self-Help Legal Information Network

14909 Crenshaw Blvd. #206

Gardena, CA 90249

(310) 675-3863

Small Claims Questionnaire

I am providing this information for the purpose of completing a **Small Claims Complaint**. I understand if I have any questions, concerns or need legal advice I may need to contact an attorney. I understand **The Self-Help Legal Information Network** are not attorneys and cannot give legal advice (i.e. tell me the best method for my situation, tell me what forms to complete, tell me the process, or give me their opinion). I understand that I am responsible for filing and/or serving any necessary documents unless otherwise noted.

PLEASE NOTE: We provide document preparation for non-contested divorces, legal separation and annulments. If it becomes contested you may need to seek the assistance of an attorney.

Full Name

Date

Full Name

Date

Witness

Date

Small Claims Questionnaire

Name/Plaintiff Is it a Business Yes No

Business structure: Sole Proprietor Partnership Corporation Other

Address of business Street City State/Zip Code

Is it an individual
(Plaintiff) Yes No Other

Name of individual
(Plaintiff) First Middle Last

Address of individual
(Plaintiff) Street City State/Zip Code

Name of the entity you
are suing (Defendant) Business Corporation

Government Facility Other

Address of entity Street City State/Zip Code

Name of the person you
are suing (Defendant) First Middle Last

Address of the
(Defendant) Street City State/Zip Code

How much are you suing for
(Must be under \$7500)

Small Claims Questionnaire

Have you asked this person to pay you Yes No If yes, How

If no, Why

Have you filed more than 12 small claims complaints within the last 12 months Yes No

There may be more questions we need to ask you based on your answers in this questionnaire. This is a shortened version to ask you the most common and relevant questions.