

**SC-100 Plaintiff's Claim and ORDER to Go to Small Claims Court**

*Clerk stamps date here when form is filed.*

**Notice to the person being sued:**

- You are the Defendant if your name is listed in (2) on page 2 of this form. The person suing you is the Plaintiff, listed in (1) on page 2.
- You and the Plaintiff must go to court on the trial date listed below. If you do not go to court, you may lose the case.
- If you lose, the court can order that your wages, money, or property be taken to pay this claim.
- Bring witnesses, receipts, and any evidence you need to prove your case.
- Read this form and all pages attached to understand the claim against you and to protect your rights.

*Fill in court name and street address:*

Superior Court of California, County of Los Angeles: WEST DISTRICT (19420 )  
 BEVERLY HILLS COURTHOUSE  
 9355 BURTON WAY  
 BEVERLY HILLS, CA. 90210  
 (310) 288-1308

**Aviso al Demandado:**

- Usted es el Demandado si su nombre figura en (2) de la pagina 2 de este formulario. La persona que lo demanda es el Demandante, la que figura en (1) de la pagina 2.
- Usted y el Demandante tienen que presentarse en la corte en la fecha del juicio indicada a continuacion. Si no se presenta, puede perder el caso.
- Si pierde el caso la corte podria ordenar que la quiten de su sueldo, dinero u otros bienes para pagar este reclamo.
- Lleve testigos, recibos y cualquier otra prueba que necesite para probar su caso.
- Lea este formulario y todas las paginas adjuntas para entender la demanda en su contra y para proteger sus derechos.

*Clerk fills in case number and case name:*

Case Number:  
 BH 08502138  
 Case Name:  
 DECLIE, XAVIER VS STEWART, SEAN

**Order to Go to Court**

The people in (1) and (2) must go to court: *(Clerk fills out section below.)*

TRIAL DATE	DATE	TIME	DEPARTMENT	LOCATION
	12/19/2008	01:30 PM	004	3RD FLOOR

Date: 11/10/2008  
 JOHN A. CLARKE, Executive Officer/Clerk  
 By NELLY VALLES, Deputy

**Instructions for the person suing:**

- You are the Plaintiff. The person you are suing is the Defendant.
- Before you fill out this form, read Form SC-150, *Information for the Plaintiff (Small Claims)*, to know your rights. Get SC-150 at any courthouse or county law library, or go to: [www.courtinfo.ca.gov/forms](http://www.courtinfo.ca.gov/forms)
- Fill out pages 2 and 3 of this form. Then make copies of all pages of this form. (Make 1 copy for each party named in this case and an extra copy for yourself.) Take or mail the original and these copies to the court clerk's office and pay the filing fee. The clerk will write the date of your trial in the box above.
- You must have someone at least 18—not you or anyone else listed in this case—give each Defendant a court-stamped copy of all 5 pages of this form and any pages this form tells you to attach. There are special rules for "serving," or delivering, this form to public entities, associations, and some businesses. See Forms SC-104, SC-104B, and SC-104C.
- Go to court on your trial date listed above. Bring witnesses, receipts, and any evidence you need to prove your case.

Plaintiff (list names): DECLIE, XAVIER

**(1) The Plaintiff (the person, business, or public entity that is suing) is:**

Name: DECLIE, XAVIER

Phone:

Street address:

CA  
State Zip

Street

City

Mailing address (if different):

Street

City

State Zip

**If more than one Plaintiff, list next Plaintiff here:**

Name:

Phone:

Street address:

State Zip

Street

City

Mailing address (if different):

Street

City

State Zip

Check here if more than 2 Plaintiffs and attach Form SC-100A.

Check here if either Plaintiff listed above is doing business under a fictitious name. If so, attach Form SC-103.

**(2) The Defendant (the person, business, or public entity being sued) is:**

Name: STEWART, SEAN

Phone:

Street address:

CA  
State Zip

Street

City

Mailing address (if different):

Street

City

State Zip

**If more than one Defendant, list next Defendant here:**

Name:

Phone:

Street address:

State Zip

Street

City

Mailing address (if different):

Street

City

State Zip

Check here if more than 2 Defendants and attach Form SC-100A.

Check here if any Defendant is on active military duty, and write his or her name here:

**(3) The Plaintiff claims the Defendant owes \$ 4243.00. (Explain below):**

a. Why does the Defendant owe the Plaintiff money?  
FOR PERSONAL TRAINING.

b. When did this happen? (Date):

If no specific date, give the time period: Date Started: 08 / 17 / 2007 Through: 12 / 06 / 2007

c. How did you calculate the money owed to you? (Do not include court costs or fees for service.)  
HOURLY & DAILY WORKOUT. INVOICES & CALENDAR BY APPOINTMENTS

Check here if you need more space. Attach one sheet of paper or Form MC-031 and write "SC-100, Item 3" at the top.

Plaintiff (list names): DECLIE, XAVIER

**(4) You must ask the Defendant (in person, in writing, or by phone) to pay you before you sue.**

Have you done this?  Yes  No

If no, explain why not:

**(5) Why are you filing your claim at this courthouse?**

**This courthouse covers the area (Check the one that applies):**

- a.  (1) Where the Defendant lives or does business.
- (2) Where the Plaintiff's property was damaged.
- (3) Where the Plaintiff was injured.
- (4) Where a contract (written or spoken) was made, signed, performed, or broken by the Defendant or where the Defendant lived or did business when the Defendant made the contract.
- b.  Where the buyer or lessee signed the contract, lives now, or lived when the contract was made, if this claim is about an offer or contract for personal, family, or household goods, services, or loans. (Code Civ. Proc., 395(b).)
- c.  Where the buyer signed the contract, lives now, or lived when the contract was made, if this claim is about a retail instalment contract (like a credit card). (Civil Code, 1812.10.)
- d.  Where the buyer signed the contract, lives now, or lived when the contract was made, or where the vehicle is permanently garaged, if this claim is about a vehicle finance sale. (Civil Code, 2984.4.)
- e.  Other (specify):

**(6) List the zip code of the place checked in (5) above (if you know):** 90212

**(7) Is your claim about an attorney-client fee dispute?**  Yes  No  
If yes, and if you have had arbitration, fill out Form SC-101, attach it to this form and check here:

**(8) Are you suing a public entity?**  Yes  No  
If yes, you must file a written claim with the entity first.  A claim was filed on (date):  
If the public entity denies your claim or does not answer within the time allowed by law, you can file this form.

**(9) Have you filed more than 12 other small claims within the last 12 months in California?**  
 Yes  No If yes, the filing fee for this case will be higher.

**(10) I understand that by filing a claim in small claims court, I have no right to appeal this claim.**

**(11) I have not filed, and understand that I cannot file, more than two small claims cases for more than \$2,500 in California during this calendar year.**

I declare, under penalty of perjury under California State law, that the information above and on any attachments to this form is true and correct.

Date: 11/10/2008 X. DECLIE  
Plaintiff types or prints name here

Plaintiff signs here

Date:  
Second Plaintiff types or prints name here

Second Plaintiff signs here

**Requests for Accommodations**

Assistive listening systems, computer-assisted, real-time captioning, or sign language interpreter services are available if you ask least 5 days before the trial. Contact the clerk's office for Form MC-410, Request for Accommodations by Persons With Disabilities and Order. (Civil Code, 54.8.)

PLAINTIFF/DEMANDANTE

DEFENDANT/DEMANDADO

DECLIE, XAVIER

STEWART, SEAN

**PLAINTIFF'S REQUEST FOR RESET**

If you are unable to effect service of the claim by the time provided, complete and file the **Plaintiff's Request for Reset**. Your request will be attached to the court's file, and reviewed on the date scheduled for trial. If you do not appear on the date scheduled for trial and the defendant appears, the Court's decision may include an order of dismissal or a judgment against you.

TO THE CLERK OF THE ABOVE NAMED COURT:

I am the plaintiff in this case. I am requesting that the above-entitled case set for trial as indicated below be **RESET** for a new hearing date.

**IMPORTANT NOTE**  
If you do not appear on the date scheduled for trial, and your request is approved, the Court will not mail you a new hearing date unless a self-addressed stamped envelope is provided along with your request.

\_\_\_\_\_  
DATE                      PRINT NAME OF PLAINTIFF                      PLAINTIFF'S SIGNATURE

**REQUEST FOR DISMISSAL**

If your claim is settled, or if you decide not to proceed on this case, you may request the court to dismiss your case. Complete and file the **Request for Dismissal**.

TO THE CLERK OF THE ABOVE-NAMED COURT:

I am requesting to dismiss the above-entitled case currently set for hearing as indicated below:

One of the boxes must be marked.

- WITH PREJUDICE** (You cannot sue again for the same cause of action).
- WITHOUT PREJUDICE** (You can sue again for the same cause of action, provided the statute of limitation has not expired).

\_\_\_\_\_  
DATE                      PRINT NAME OF PLAINTIFF/DEFENDANT                      PLAINTIFF'S/DEFENDANT'S SIGNATURE

TRIAL DATE/FECHA DEL JUICIO: 12 /19 /2008 AT 01 : 30 PM in Department 004

PLAINTIFF'S REQUEST FOR RESET/REQUEST FOR DISMISSAL

Case Number: \_\_\_\_\_

Plaintiff (list names): \_\_\_\_\_

**1 The Plaintiff (the person, business, or public entity that is suing) is:**

Name: XAVIER Declie Phone: \_\_\_\_\_

Street address: \_\_\_\_\_  
Street City State Zip

Mailing address (if different): \_\_\_\_\_  
Street City State Zip

**If more than one Plaintiff, list next Plaintiff here:**

Name: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_

Street address: \_\_\_\_\_  
Street City State Zip

Mailing address (if different): \_\_\_\_\_  
Street City State Zip

- Check here if more than 2 Plaintiffs and attach Form SC-100A.
- Check here if either Plaintiff listed above is doing business under a fictitious name. If so, attach Form SC-103.

**2 The Defendant (the person, business, or public entity being sued) is:**

Name: SEAN STEWART Phone: \_\_\_\_\_

Street address: \_\_\_\_\_  
Street City State Zip

Mailing address (if different): \_\_\_\_\_  
Street City State Zip

**If more than one Defendant, list next Defendant here:**

Name: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_

Street address: \_\_\_\_\_  
Street City State Zip

Mailing address (if different): \_\_\_\_\_  
Street City State Zip

- Check here if more than 2 Defendants and attach Form SC-100A.
- Check here if any Defendant is on active military duty, and write his or her name here: \_\_\_\_\_

**3 The Plaintiff claims the Defendant owes \$ \$3857.50 + 10% INTEREST. (4243.)**

a. Why does the Defendant owe the Plaintiff money? FOR PERSONAL TRAINING

b. When did this happen? (Date): AUGUST 17th 2007  
If no specific date, give the time period: Date started: AUGUST 17, 2007 Through: DECEMBER 6th 2007

c. How did you calculate the money owed to you? (Do not include court costs or fees for service.) Hourly + DAILY WALKOUT. INVOICES + CALENDARS by APPOINTMENTS

Check here if you need more space. Attach one sheet of paper or Form MC-031 and write "SC-100, Item 3" at the top.

Case Number: \_\_\_\_\_

Plaintiff (list names): \_\_\_\_\_

4 You must ask the Defendant (in person, in writing, or by phone) to pay you before you sue. Have you done this?  Yes  No  
If no, explain why not: PLAINTIFFS WENT TO THE HOUSE TALK TO BUSINESSMANAGER

5 Why are you filing your claim at this courthouse?  
This courthouse covers the area (check the one that applies):  
a.  (1) Where the Defendant lives or does business. (4) Where a contract (written or spoken) was made, signed, performed, or broken by the Defendant or where the Defendant lived or did business when the Defendant made the contract.  
     (2) Where the Plaintiff's property was damaged.  
     (3) Where the Plaintiff was injured.  
b.  Where the buyer or lessee signed the contract, lives now, or lived when the contract was made, if this claim is about an offer or contract for personal, family, or household goods, services, or loans. (Code Civ. Proc., § 395(b).)  
c.  Where the buyer signed the contract, lives now, or lived when the contract was made, if this claim is about a retail installment contract (like a credit card). (Civil Code, § 1812.10.)  
d.  Where the buyer signed the contract, lives now, or lived when the contract was made, or where the vehicle is permanently garaged, if this claim is about a vehicle finance sale. (Civil Code, § 2984.4.)  
e.  Other (specify): \_\_\_\_\_

6 List the zip code of the place checked in 5 above (if you know): 90212

7 Is your claim about an attorney-client fee dispute?  Yes  No  
If yes, and if you have had arbitration, fill out Form SC-101, attach it to this form, and check here:

8 Are you suing a public entity?  Yes  No  
If yes, you must file a written claim with the entity first.  A claim was filed on (date): \_\_\_\_\_  
If the public entity denies your claim or does not answer within the time allowed by law, you can file this form.

9 Have you filed more than 12 other small claims within the last 12 months in California?  
 Yes  No If yes, the filing fee for this case will be higher.

10 I understand that by filing a claim in small claims court, I have no right to appeal this claim.

11 I have not filed, and understand that I cannot file, more than two small claims cases for more than \$2,500 in California during this calendar year.

I declare, under penalty of perjury under California State law, that the information above and on any attachments to this form is true and correct.

Date: November 07/08 XAVIER DECLIE  
Plaintiff types or prints name here

[Signature]  
Plaintiff signs here

Date: \_\_\_\_\_  
Second Plaintiff types or prints name here

Second Plaintiff signs here



**Requests for Accommodations**  
Assistive listening systems, computer-assisted, real-time captioning, or sign language interpreter services are available if you ask at least 5 days before the trial. Contact the clerk's office for Form MC-410, Request for Accommodations by Persons With Disabilities and Response. (Civil Code, § 54.8.)

FOR COURT USE ONLY

**FILED**  
LOS ANGELES SUPERIOR COURT

NOV 12 2008

JOHN R. CLARKE, CLERK  
BY Nelly Valles  
DEPUTY

SUPERIOR COURT OF CALIFORNIA, COUNTY OF

STREET ADDRESS:  
MAILING ADDRESS:  
CITY AND ZIP CODE:  
BRANCH NAME:

WASC

PLAINTIFF/ PETITIONER: XAVIER Decline

DEFENDANT/ RESPONDENT: Susan Stewart

CASE NUMBER:  
08502136

ORDER ON APPLICATION FOR WAIVER OF COURT FEES AND COSTS

- The application was filed on (date): Nov 07, 08  A previous order was issued on (date):
- The application was filed by (name): Xavier Decline
- IT IS ORDERED that the application is granted  in whole  in part (complete item 4 below).
  - No payments. Payment of all the fees and costs listed in California Rules of Court, rule 3.61, is waived.
  - The applicant shall pay all the fees and costs listed in California Rules of Court, rule 3.61, EXCEPT the following:
 

(1) <input checked="" type="checkbox"/> Filing papers.	(6) <input checked="" type="checkbox"/> Sheriff and marshal fees.
(2) <input checked="" type="checkbox"/> Certification and copying.	(7) <input type="checkbox"/> Reporter's fees* (valid for 60 days).
(3) <input checked="" type="checkbox"/> Issuing process and certification.	(8) <input type="checkbox"/> Telephone appearance (Gov. Code, § 68070.1 (c))
(4) <input checked="" type="checkbox"/> Transmittal of papers.	(9) <input type="checkbox"/> Other (specify code section):
(5) <input type="checkbox"/> Court-appointed interpreter.	

Reporter's fees are per diem pursuant to Code Civ. Proc., §§ 269, 274c, and Gov. Code, §§ 69947, 69948, and 72195.
  - Method of payment.** The applicant shall pay all the fees and costs when charged, EXCEPT as follows:  
 (1)  Pay (specify): \_\_\_\_\_ percent. (2)  Pay: \$ \_\_\_\_\_ per month or more until the balance is paid.
  - The clerk of the court, county financial officer, or appropriate county officer is authorized to require the applicant to appear before and be examined by the court no sooner than four months from the date of this order, and not more than once in any four-month period.  The applicant is ordered to appear in this court as follows for review of his or her financial status:  

Date:	Time:	Dept.:	Div.:	Room:
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  - The clerk is directed to mail a copy of this order only to the applicant's attorney or to the applicant if not represented.
  - All unpaid fees and costs shall be deemed to be taxable costs if the applicant is entitled to costs and shall be a lien on any judgment recovered by the applicant and shall be paid directly to the clerk by the judgment debtor upon such recovery.
- IT IS ORDERED that the application is denied  in whole  in part for the following reasons (see Cal. Rules of Court, rules 3.50-3.63):
  - Monthly household income exceeds guidelines (Gov. Code, § 68511.3(a)(6)(B); form FW-001-INFO).
  - Other (Complete line 4b on page 2).
  - The applicant shall pay any fees and costs due in this action within 10 days from the date of service of this order or any paper filed by the applicant with the clerk will be of no effect.
  - The clerk is directed to mail a copy of this order to all parties who have appeared in this action.
- IT IS ORDERED that a hearing be held.
  - The substantial evidentiary conflict to be resolved by the hearing is (specify):
  - The applicant should appear in this court at the following hearing to help resolve the conflict:  

Date:	Time:	Dept.:	Div.:	Room:
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  - The address of the court is (specify):  
 Same as above
  - The clerk is directed to mail a copy of this order only to the applicant's attorney or to the applicant if not represented.

**NOTICE:** If item 3d or item 5b is filled in and the applicant does not attend the hearing, this court may revoke or change the order or deny the application without considering information the applicant wants the court to consider.

**WARNING:** The applicant must immediately tell the court if he or she becomes able to pay court fees or costs during this action. The applicant may be ordered to appear in court and answer questions about his or her ability to pay fees or costs.

Date: 11/12/08 [Signature] Clerk, by \_\_\_\_\_ Deputy  
JUDICIAL OFFICER (Clerk may GRANT to fill a nondiscretionary fee waiver; see Cal. Rule of Court, rules 3.65.) Page 1 of 2