

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, State Bar number, and address):  TELEPHONE NO.: _____ FAX NO. (Optional): _____ EMAIL ADDRESS (Optional): _____ ATTORNEY FOR (Name): _____	<b>FOR COURT USE ONLY</b>
<b>SUPERIOR COURT OF CALIFORNIA, COUNTY OF SAN DIEGO</b> CENTRAL DIVISION, SMALL CLAIMS, 330 W. BROADWAY, SAN DIEGO, CA 92101	
PLAINTIFF(S)	
DEFENDANT(S)	
<b>DECLARATION OF MILITARY STATUS – SMALL CLAIMS</b>	CASE NUMBER _____

I, \_\_\_\_\_ certify that,  
(print name)

Select one of the following three statements and provide the requested information:

- Plaintiff  Defendant \_\_\_\_\_ **IS NOT** now in the military service of the  
(print name)  
United States as defined in section 511 of the Servicemembers Civil Relief Act (Title 50 Appendix of the United States Code, 50 App. U.S.C. §§ 501 et seq.) and not entitled to the benefits of said Act.
- Plaintiff  Defendant \_\_\_\_\_ **IS** in the military service of the United  
(print name)  
States as defined in section 511 of the Servicemembers Civil Relief Act. The  plaintiff  defendant is presently residing at \_\_\_\_\_  
(street) (city) (state) (zip code)  
and has been served with the Claim of  Plaintiff  Defendant and ordered to appear on \_\_\_\_\_  
(date)  
at \_\_\_\_\_  a.m.  p.m. in the above-entitled matter. The service member is fully aware of this action  
(time)  
and is fully capable of appearing in this court.

I understand that a party entitled to protection under the Servicemembers Civil Relief Act may submit proper request for a stay as defined in section 522 of the Servicemembers Civil Relief Act, and that any judgment or order is voidable upon application by the service person and a showing of good cause.

- I am **UNABLE TO DETERMINE** whether or not  plaintiff  defendant \_\_\_\_\_  
(print name)  
is a member of the military service of the United States as defined by section 511 of the Servicemembers Civil Relief Act.

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date: \_\_\_\_\_

\_\_\_\_\_  
Signature of Declarant