

ATTORNEY OR PARTY WITHOUT AN ATTORNEY (Name, State Bar number, and address): NAME: ADDRESS: CITY, STATE, ZIP: TELEPHONE NO: FAX NO. (Optional): EMAIL ADDRESS (Optional): ATTORNEY FOR (Name):	FOR COURT USE ONLY
SUPERIOR COURT OF CALIFORNIA COUNTY OF SANTA CRUZ <input type="checkbox"/> 701 Ocean Street, Room 110 <input type="checkbox"/> 1 Second Street, Room 300 Santa Cruz, CA 95060 Watsonville, CA 95076 Santa Cruz Branch Watsonville Branch	
PLAINTIFF/PETITIONER: vs. DEFENDANT/RESPONDENT:	
AMENDMENT TO COMPLAINT	CASE NUMBER:

FICTITIOUS NAME (No order required)

Upon filing the complaint in this case, plaintiff(s) being ignorant of the true name of a defendant, designated such defendant in the complaint by the fictitious name of _____

and having discovered the defendants true name to be _____

_____, plaintiff(s) amend(s) the complaint by inserting such true name instead of such fictitious name wherever it appears in the complaint.

Date: _____

Attorney(s) for Plaintiff(s) Party without Attorney

INCORRECT NAME (Requires order thereon)

Plaintiff(s) having designated a defendant in the complaint by the incorrect name of _____

and having discovered the true name of the defendant to be _____

_____ amend(s) the complaint by inserting such true name instead of such incorrect name wherever it appears in the complaint.

Date: _____

Attorney(s) for Plaintiff(s) Party without Attorney

ORDER TO AMEND INCORRECT NAME

Proper cause appearing, the above amendment to the complaint is allowed.

Date: _____

Judge of the Superior Court