YOUR NAME

Street Address

City, State Zip

Phone Number (with area code)

Fax Number (If applicable)

Email Address (If applicable)

In Pro Per

SUPERIOR COURT OF THE STATE OF CALIFORNIA

COUNTY OF LOS ANGELES

|  |  |  |
| --- | --- | --- |
| NAME OF PLAINTIFF,  Plaintiff,  vs.  NAME OF DEFENDANT(s),  Defendant(s) | )  )  )  )  )  )  )  )  )  ) | Case No.: 12-3-456789-1  DOCUMENT NAME (e.g. , COMPLAINT FOR DAMAGES) |

This is a **SAMPLE** pleading paper template for the Los Angeles County Superior Court. Check the ***California Rules of Court* §§ 2.100-2.150** to verify current court requirements regarding page formatting and fonts:

[***California Rules of Court***](http://www.courts.ca.gov/documents/title_2.pdf)

Dated this 2nd day of August, 2012

|  |  |
| --- | --- |
|  |  |
|  |  |