

SUPERIOR COURT OF CALIFORNIA
COUNTY OF SANTA CLARA
SMALL CLAIMS DIVISION

LOS GATOS FACILITY
14205 CAPRI DRIVE
LOS GATOS, CA 95032
(408) 866-8331

PALO ALTO FACILITY
270 GRANT AVENUE
PALO ALTO, CA 94306
(650) ~~3285577~~ 462-3800x3820

SOUTH COUNTY FACILITY
12425 MONTEREY ROAD
SAN MARTIN, CA 95046
(408) 686-3522

2/3/05

Your claim is being returned for the following reasons:

DATE: _____

RE 204SC001150
Klein vs Wilson

- No Declaration re Fictitious Business Name attached.
- Declaration and money do not match.
- Fees for certified mail not enclosed.
- Improper filing by leaving off proper person for service.
- Claim of Plaintiff and Order not enclosed or printed legibly.
- Claim of Plaintiff and Order not signed.
- Please enclose a stamped self-addressed envelope for future filings.
- All corporate representatives need a Corporate Resolution on file.

No check enclosed. Check amount incorrect. Correct amount \$ _____
Other: a bench warrant has been ordered by Judge Chiarello on the above listed small claims case. To have the bench warrant issued, please complete the

FOR YOUR INFORMATION

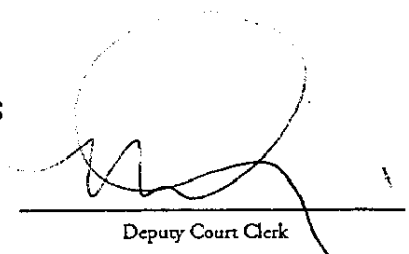
enclosed form.

- a) If you are suing an individual, give his/her full name and address.
- b) If you are suing a business firm, give the firm name and the name of the owner.
- c) If you are suing a partnership, you must name the partners.
- d) If you are suing a corporation, give its full name, and the name of the director of said corporation.
- e) If your suit arises out of an automobile accident, you must name the driver and registered owner.

If your claim is against a corporation, you must furnish the Sheriff or other server with the name and address of an officer or authorized agent of the corporation. If you do not know this information, you may obtain it from either the corporation itself, the County Clerk, or the Secretary of State, Capitol Building, Sacramento, CA 95814, (916) 445-2900.

If you need additional assistance please call:

**SMALL CLAIMS ADVISOR
DEPT. OF CONSUMER AFFAIRS
(408) 792-2881**


Deputy Court Clerk

COURT # 2045C001150

CIVIL BENCH WARRANT
ORDER OF EXAMINATION
CCP 491.160--708.170

You are required to complete and sign this form and return it to the COURT CLERK'S OFFICE with the required fee's. The Bench Warrant will then be sent to the Sheriff for service.

DEFENDANT INFORMATION

Name Eric Matthew Wilson
Address 415 North Canon, Sierra Madre, CA zip 91024
Phone _____ Sex M Race Caucasian Age/D.O.B. 5-21-69
Ht. 5'10" Wt. 175 Eyes Brown Hair Black
SSN 569-94-2347 Driver's License # _____
Vehicle License # 4UVR877 Description White BMW SUV
Business Address _____

Phone _____

SHOULD A FINANCIAL AGREEMENT BE REACHED BETWEEN YOU AND THE DEFENDANT, YOU ARE TO CONTACT THE SHERIFF'S OFFICE, CIVIL DIVISION IMMEDIATELY SO THAT THE BENCH WARRANT CAN BE STOPPED. FAILURE TO DO SO MAY RESULT IN A FALSE ARREST AND POSSIBLE LEGAL ACTION AGAINST YOU.

PLAINTIFF'S AUTHORIZATION

Your Name Mark Klein Phone 650-988-1616
Address 1192 St. Anthony Ct. City Los Altos, CA zip 94024

You must provide a phone number where you can be contacted during normal business hours 650-714-2375.

Signature [Signature] Date 2-18-05

The Defendant may be notified of this warrant by mail and provided with instructions on posting bail. If the Defendant fails to respond to the notice, the warrant will be assigned to a deputy for service. In the event the Defendant posts bail or is arrested, you will be notified of the date and time of the court appearance.

FEES: ~~\$50.00~~ FOR EACH BENCH WARRANT. (Govt. Code 26744)
Make checks payable to: The Sheriff, Santa Clara County.

Should you have any questions, you may call the Santa Clara County Sheriff's Office, Civil Division at 408-~~399-2801/2805~~ 808-4800