

1 YOUR NAME  
Street Address  
2 City, State, ZIP  
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5 YOUR NAME, IN PRO PER  
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8 SUPERIOR COURT OF THE STATE OF CALIFORNIA  
9 FOR THE COUNTY OF SAN LUIS OBISPO  
10

11  
12 NAME OF PLAINTIFF, ) Case No.: 12-3-456789-1  
13 )  
Plaintiff, ) DOCUMENT TITLE (e.g., COMPLAINT  
14 ) FOR DAMAGES)  
vs. )  
15 )  
16 NAME OF DEFENDANT, )  
Defendant )  
17 )  
18

19 The text of your document begins here.  
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23 DATED: October 27, 2022  
24

25 Your signature  
YOUR NAME  
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