

**Superior Court of California, County of Sacramento
Small Claims Division**

COURT COPY

Phone: (916) 875-7514

301 Bicentennial Circle, Room 300
Sacramento, CA 95826-2701

Case No.: 00SC07243

**— NOTICE TO DEFENDANT —
YOU ARE BEING SUED BY PLAINTIFF**

To protect your rights, you must appear in this court on the trial date shown in the table below. You may lose the case if you do not appear. The court may award the plaintiff the amount of the claim and the costs. Your wages, money, and property may be taken without further warning from the court.

**— AVISO AL DEMANDADO —
A USTED LO ESTAN DEMANDANDO**

Para proteger sus derechos, usted debe presentarse ante esta corte en la fecha del juicio indicada en el cuadro que aparece a continuación. Si no se presenta, puede perder el caso. La corte puede decidir en favor del demandante por la cantidad del reclamo y los costos. A usted le pueden quitar su salario, su dinero, y otras cosas de su propiedad, sin aviso adicional por parte de esta corte.

PLAINTIFFS/DEMANDANTE (Name, street address, and telephone number of each):

JOHNSON, KAREN MARIE
7552 RUSH RIVER DRIVE
SACRAMENTO, CA 95831
Phone: (916) 421-2859

DEFENDANTS/DEMANDADO (Name, street address, and telephone number of each):

BIXBY, MARK J
1513 18TH STREET
SACRAMENTO, CA 95814
Phone: (916) 448-9797

Fic. Bus. Name Stmt. No.:

Expires:

See attached sheet for additional plaintiffs and defendants.

PLAINTIFF'S CLAIM

1. a. Defendant owes me the sum of \$5,000.00, not including court costs, because: Bad faith retention of security deposit, breach of contract; overcharging for utilities; personal property damage/theft. Multiple code violations.
b. I have had an **arbitration of an attorney-client fee dispute**. (Attach Attorney-Client Fee Dispute Form (see form SC-101).)
2. This claim is against a government agency, and I filed a claim with the agency. My claim was denied by the agency, or the agency did not act on my claim before the legal deadline. (See form SC-150.)
3. I have asked defendant to pay this money, but it has not been paid.
4. This court is the proper court for the trial because [A] (In the box at the left, insert one of the letters from the list called "Venue Table" on the back of this sheet. If you select D, E, F, specify additional facts in this space):
5. I have have not filed more than one other small claims action anywhere in California during this calendar year in which the amount demanded is more than \$2,500.00.
6. I have have not filed more than more than 12 claims, including this claim, during the previous 12 months.
7. I understand that
 - a. I may talk to an attorney about this claim, but I cannot be represented by an attorney at the trial in the small claims court.
 - b. I must appear at the time and place of trial and bring all witnesses, books, receipts, and other papers or things to prove my case.
 - c. I **have no right of appeal on my claim**, but I may appeal a claim filed by the defendant in this case.
 - d. If I cannot afford to pay the fees for filing or service by a sheriff, marshal, or constable, I may ask that the fees be waived.
8. I have received and read the information sheet explaining some important rights of plaintiffs in the small claims court.
9. No defendant is in the military service.

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

Date: 09/12/2000

KAREN MARIE JOHNSON
(TYPE OR PRINT NAME)

KAREN JOHNSON
(SIGNATURE OF PLAINTIFF)

ORDER TO DEFENDANT

You must appear in this court on the trial date and at the time shown in the box below if you do not agree with the plaintiff's claim. Bring all witnesses, books, receipts, and other papers or things with you to support your case.

TRIAL DATE	FECHA DEL JUICIO	DAY	DATE	TIME	DEPT.	PLACE
		Friday	10/20/2000	10:00 A.M.	86	301 Bicentennial Circle, Sacramento, CA 95826

Filed on: 09/12/2000

Michael M. Roddy, Clerk, by A. PRINDLE, Deputy.

— The county provides small claims advisor services free of charge. Read the information on the reverse. —

PLAINTIFF'S CLAIM AND ORDER TO DEFENDANT

(Small Claims)

SMALL CLAIMS UNIT WORKSHEET

Case # 00 SC07243

Date: 12-8-00

- Continuance Reset Order of Exam Hearing Date: 12-20-00
- 8:15 10:00 1:30 2:00 5:30

SERVED BY: Sheriff Private Certified Mail

COD Filed Copies Other (Specify) _____

Appeal Filed By: _____ Fee Paid By: _____

Name _____

Address _____ City _____ State _____ Zip _____

REQUEST FOR CONTINUANCE FROM PLAINTIFF _____ DEFENDANT

- No Proof Of Service In File
- Untimely Received
- Second Request For Continuance From Plaintiff Defendant
- Other _____

APPROVED

Continue To _____

DENIED → 12-8-00

- Untimely Notify Requesting Party
- No Good Cause Shown Note Letter On Dispo Sheet
- Beyond 30 Days Other need cause

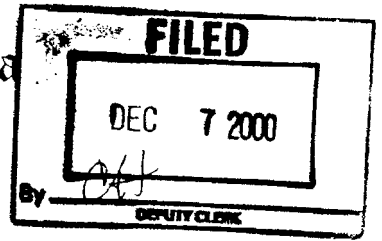
NEW ADDRESS: Plaintiff Defendant

Name _____

Address _____ City _____ State _____ Zip _____



Superior Court of California
County of Sacramento



SMALL CLAIMS DIVISION
301 Bicentennial Circle, Room 300
Sacramento, CA 95826
(916) 875-7701

KAREN JOHNSON
Plaintiff(s)

00SC07243
Case Number

REQUEST FOR CONTINUANCE (CCP §116.570)

MARK BIXBY
Defendant(s) (Abbreviated Title)

IMPORTANT NOTICE

1. The requesting party must mail or personally deliver a copy of this request to each of the other parties. (CCP §116.570(a)(2).)
2. There is a \$10.00 fee for filing this request (CCP §116.570(d).) **Submit the fee with this request.**
3. This request must be filed with the court at least seven (7) calendar days before the hearing date.
4. Continuances will be granted only for good cause. Applicant should attach any relevant documents to the request.

5. I am the plaintiff defendant in this case. This is my first request second request, third request.
6. I request that my small claims hearing date of 12-20-00 at 10 (a.m./p.m.) be continued for the following reason:

DU TO MY COUNTER SUIT IN THIS MATTER AND MY MOTHER-IN-LAW IS TERMINALLY ILL WITH AN ESTIMATED SURVIVAL TO LIVE.

7. I am available on the following dates: APPROX FEB 15th ON 2001
8. I have mailed personally delivered a copy of this request to each of the other parties in this case.

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

Dated: 12-7-00 MARK BIXBY
PRINT NAME

[Signature]
SIGNATURE OF DECLARANT

ORDER

Request for continuance is granted. Hearing date of 12-20-00 is vacated and case is continued to:
(date) 2-16-01 at (time) 10:00 in Department 86 at 301 Bicentennial Circle, Sacramento, California

- Request for continuance is denied.
- Request not accompanied by \$10 filing fee.
- Request filed late. Court policy requires that request must be filed with the court at least seven (7) calendar days before the hearing.
- No good cause shown.
- Other: _____

DATED: 12-12-00 L. Williams
Judge || Commissioner Deputy Clerk

ATT

LOICE

From Mark Butcher

Dec 7 2000 13:11 P.01
Fax: 831-475-8580
DR. POTH & ALEXANDER

DEA # AP4320565

DEA # AAT30066

JAMES L. POTH, M.D.
MICHAEL ALEXANDER, M.D., INC.
1800 DOMINION WAY
SANTA CRUZ, CA 95065
475-8500

NAME _____

ADDRESS _____

DATE 12/7/00

R

Sandra Butcher has advanced cancer with limited expectations of survival.

Her son in law should have Tony Pody detained at this time.

LMS

REFILL _____ TIMES PER NR

DO NOT SUBSTITUTE TO ensure BRAND NAME DISPENSING. CHECK AND INITIAL BOX 05/18/96

J-L M.D.