

HOW TO FILE AN ANSWER TO AN UNLAWFUL DETAINER COMPLAINT PACKET

Civil Law

What you will find in this packet:

- **Interpreter Request (MC-300e&s)**
- **How to File an Answer to an Unlawful Detainer Complaint (Limited Jurisdiction) Eng/Span (CV-621e&s)**
- **Answer-Unlawful Detainer (UD-105)**
- **Information Sheet for Proof of Service by First Class Mail-Civil (Proof of Service) (POS-030)**
- **Proof of Service by First Class Mail-Civil (Proof of Service) (POS-030)**

You Can Get Court Forms FREE at: www.cc-courts.org/forms

Superior Court of California, County of Contra Costa

- | | | | | | |
|---|---|--|---|---|---|
| <input type="checkbox"/> MARTINEZ
Wakefield Taylor Courthouse
725 Court Street
Martinez, CA 94553 | <input type="checkbox"/> MARTINEZ
Spinetta Family Law Bldg
751 Pine Street
Martinez, CA 94553 | <input type="checkbox"/> MARTINEZ
A.F. Bray Building
1020 Ward Street
Martinez, CA 94553 | <input type="checkbox"/> PITTSBURG
1000 Center Drive
Pittsburg, CA 94565 | <input type="checkbox"/> RICHMOND
100 37 th Street
Richmond, CA 94805 | <input type="checkbox"/> WALNUT CREEK
640 Ygnacio Valley Road
Walnut Creek, CA 94596 |
|---|---|--|---|---|---|

Interpreter Request

If you need an interpreter, please complete the form below and submit it to the Filing Window Clerk in the Martinez, Pittsburg, Richmond, or Walnut Creek courthouse.

Case Number: _____

Case Type:

- | | |
|---|--|
| <input type="checkbox"/> Criminal | <input type="checkbox"/> Juvenile |
| <input type="checkbox"/> Traffic | <input type="checkbox"/> Family Law |
| <input type="checkbox"/> Civil Harassment | <input type="checkbox"/> Unlawful Detainer |
| <input type="checkbox"/> Conservatorship | <input type="checkbox"/> Guardianship |
| <input type="checkbox"/> Proceedings to terminate parental rights | <input type="checkbox"/> Elder Abuse |
| <input type="checkbox"/> Dependent Adult Abuse | |

Party Requesting Interpreter: _____

Phone Number(s) where party can be reached: _____

Date of Hearing: _____ Time of Hearing: _____

Department: _____ Location: Martinez Pittsburg Richmond Walnut Creek

Language Needed: Spanish Mandarin Cantonese Vietnamese

Other: _____

To avoid the risk that your hearing will have to be postponed, please submit this form a minimum of one week in advance.

Current information about this program is available at our website:

www.cc-courts.org/interpreter

Superior Court of California, County of Contra Costa

- | | | | | | |
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100 37 th Street
Richmond, CA 94805 | <input type="checkbox"/> WALNUT CREEK
640 Ygnacio Valley Road
Walnut Creek, CA 94596 |
|---|---|--|---|---|---|

Formulario Para Pedir un Intérprete

Si necesita un intérprete, favor de rellenar el formulario siguiente y presentarlo en la ventanilla para archivar documentos en la corte de Martinez, Pittsburg, Richmond o Walnut Creek.

Número de Caso: _____

Tipo de Caso:

- | | |
|--|--|
| <input type="checkbox"/> Criminal | <input type="checkbox"/> Juvenil |
| <input type="checkbox"/> Tráfico | <input type="checkbox"/> Casos de Familia |
| <input type="checkbox"/> Acoso Civil | <input type="checkbox"/> Juicio de Desalojo |
| <input type="checkbox"/> Conservador | <input type="checkbox"/> Tutela |
| <input type="checkbox"/> Casos para Terminar Derechos de Madre o Padre | <input type="checkbox"/> Abuso de Personas Mayores |
| <input type="checkbox"/> Abuso de Adultos Incapacitados | |

Persona que Necesita Intérprete: _____

Número Telefónico: _____

Fecha de la Audiencia Judicial: _____ Hora de Comienza: _____

Departamento: _____ Ciudad: Martinez Pittsburg Richmond Walnut Creek

Idioma Solicitado: Español Mandarín Cantonés Vietnamita

Otro Idioma: _____

Para evitar la posibilidad que su audiencia judicial sea aplazada, favor de presentar este formulario lo mínimo una semana antes de la fecha de su audiencia.

Información actual acerca de este servicio se encuentra en nuestra página web:

www.cc-courts.org/interpreter

Superior Court of California, County of Contra Costa

**HOW TO FILE AN ANSWER
TO AN UNLAWFUL DETAINER COMPLAINT**

(Limited Jurisdiction)

FORMS ATTACHED: Answer – Unlawful Detainer; Proof of Service by First-Class Mail - Civil

1. If you are representing yourself, put your name, address and telephone number in the upper left box and next to attorney for (name): enter “pro per.”
2. Put name of all parties answering in section #1 (Defendant)
3. Complete Answer Form (**front and back**), including title of case and case number. All parties whose names appear as a defendant must sign the Answer and the Verification.
4. Make **2 Copies** of the Answer.
 - a. **ORIGINAL** for Court.
 - b. One **COPY** for plaintiff.
 - c. One **COPY** for yourself.
5. Have **AN ADULT WHO IS NOT A PARTY TO THE ACTION** mail one of the copies to the Plaintiff or the Plaintiff’s Attorney (address is on the front of the summons). Do **NOT** mail them the original. It will be filed with the court.
6. Have the person who mailed the copy for you fill out and sign the Proof of Mailing, and attach it to the last page of the answer.
7. Bring back to the Clerk’s Office for filing:
 - a. **Original** copy of answer
 - b. **Original** proof of mailing
8. Refer to the Fee Schedule for the fee to file your Answer. If you need a fee waiver, ask the clerk for the waiver forms.

Corte Superior del Estado de California, Condado de Contra Costa

**COMO PRESENTAR UNA RESPUESTA
A UNA QUEJA DE DESAHUCIO**
(En la Corte de Jurisdicción Limitada)

FORMULARIOS ADJUNTOS: La Respuesta a la Queja y El Comprobante de Envío por Correo Aéreo de Primera Clase – Civil

1. Si usted se esta representando a si mismo, escriba su nombre, dirección, y número de teléfono en la casilla superior izquierda, debajo de “ATTORNEY OR PARTY WITHOUT ATTORNEY (NAME AND ADDRESS) TELEPHONE NO.”; y frente a “ATTORNEY FOR (Name):”, escriba “pro per” que significa ‘representándose a si mismo’.
2. En el número 1, debajo de “Defendant (names)” (los nombres de los demandados), escriba su nombre y los nombres de todas las personas demandadas quienes contestan la queja.
3. Llene el formulario de Respuesta a la Queja (**por frente y respaldo**), incluyendo el título y número del caso. Todas las personas cuyos nombres aparecen en el número 1, “los nombres de los demandados”, deben firmar la Respuesta a la Queja y la Verificación.
4. Saque 2 copias del original de la Respuesta a la Queja.
 - a. El **ORIGINAL** es para la corte. Archive el original con el secretario del tribunal.
 - b. Una **COPIA** es para el demandante.
 - c. Una **COPIA** es para usted.
5. Pida a UN **ADULTO QUIEN NO SEA PARTE DE LA ACCIÓN JUDICIAL** que envíe por correo una de las copias al demandante o al abogado del demandante (cuya dirección se encuentra en el frente del la Citación). **NO** les envíe el original. El original lo archivaré con el secretario del tribunal.
6. Pida a la persona que envió la copia al demandante (o a su abogado) por correo que llene y firme el Comprobante de Envío postal y que lo adjunte a la última página de la Respuesta a la Queja.
7. Regrese los siguientes documentos al secretario del tribunal para ser registrados:
 - a. El **original** de la Respuesta a la Queja
 - b. El **original** del Comprobante de Envío Postal
8. Refiérase al Horario de Honorarios (Fee Schedule) para el costo de registrar la Respuesta a la Queja. Si necesita una Exención de Costos, pídale al secretario del tribunal por los formularios de exención.

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, State Bar number, and address): TELEPHONE NO.: _____ FAX NO.: _____ E-MAIL ADDRESS: _____ ATTORNEY FOR (Name): _____	FOR COURT USE ONLY
SUPERIOR COURT OF CALIFORNIA, COUNTY OF STREET ADDRESS: MAILING ADDRESS: CITY AND ZIP CODE: BRANCH NAME:	
Plaintiff: Defendant:	
ANSWER—UNLAWFUL DETAINER	CASE NUMBER: _____

1. Defendant (each defendant for whom this answer is filed must be named and must sign this answer unless his or her attorney signs):

answers the complaint as follows:

2. **Check ONLY ONE of the next two boxes:**

- a. Defendant generally denies each statement of the complaint. (Do not check this box if the complaint demands more than \$1,000.)
- b. Defendant admits that all of the statements of the complaint are true EXCEPT:
- (1) Defendant claims the following statements of the complaint are false state paragraph numbers from the complaint or explain below or on form MC-025): Explanation is on MC-025, titled as Attachment 2b(1).
- (2) Defendant has no information or belief that the following statements of the complaint are true, so defendant denies them (state paragraph numbers from the complaint or explain below or on form MC-025):
 Explanation is on MC-025, titled as Attachment 2b(2).

3. **AFFIRMATIVE DEFENSES (NOTE: For each box checked, you must state brief facts to support it in item 3k (top of page 2).)**

- a. (nonpayment of rent only) Plaintiff has breached the warranty to provide habitable premises.
- b. (nonpayment of rent only) Defendant made needed repairs and properly deducted the cost from the rent, and plaintiff did not give proper credit.
- c. (nonpayment of rent only) On (date): _____ before the notice to pay or quit expired, defendant offered the rent due but plaintiff would not accept it.
- d. Plaintiff waived, changed, or canceled the notice to quit.
- e. Plaintiff served defendant with the notice to quit or filed the complaint to retaliate against defendant.
- f. By serving defendant with the notice to quit or filing the complaint, plaintiff is arbitrarily discriminating against the defendant in violation of the Constitution or the laws of the United States or California.
- g. Plaintiff's demand for possession violates the local rent control or eviction control ordinance of (city or county, title of ordinance, and date of passage): _____

(Also, briefly state in item 3k the facts showing violation of the ordinance.)
- h. Plaintiff accepted rent from defendant to cover a period of time after the date the notice to quit expired.
- i. Plaintiff seeks to evict defendant based on acts against defendant or a member of defendant's household that constitute domestic violence, sexual assault, stalking, human trafficking, or abuse of an elder or a dependent adult. (A temporary restraining order, protective order, or police report not more than 180 days old is required naming you or your household member as the protected party or a victim of these crimes.)
- j. Other affirmative defenses are stated in item 3k.

CASE NUMBER: _____

3. AFFIRMATIVE DEFENSES (cont'd)

k. Facts supporting affirmative defenses checked above (identify facts for each item by its letter from page 1 below or on form MC-025):

Description of facts is on MC-025, titled as Attachment 3k.

4. OTHER STATEMENTS

- a. Defendant vacated the premises on (date):
- b. The fair rental value of the premises alleged in the complaint is excessive (explain below or on form MC-025):
 Explanation is on MC-025, titled as Attachment 4b.
- c. Other (specify below or on form MC-025 in attachment):
 Other statements are on MC-025, titled as Attachment 4c.

5. DEFENDANT REQUESTS

- a. that plaintiff take nothing requested in the complaint.
- b. costs incurred in this proceeding.
- c. reasonable attorney fees.
- d. that plaintiff be ordered to (1) make repairs and correct the conditions that constitute a breach of the warranty to provide habitable premises and (2) reduce the monthly rent to a reasonable rental value until the conditions are corrected.
- e. Other (specify below or on form MC-025):
 All other requests are stated on MC-025, titled as Attachment 5e.

6. Number of pages attached: _____

UNLAWFUL DETAINER ASSISTANT (Bus. & Prof. Code §§ 6400—6415)

7. (Must be completed in all cases.) An **unlawful detainer assistant** did not did for compensation give advice or assistance with this form. (If defendant has received **any** help or advice for pay from an unlawful detainer assistant, state):

- a. Assistant's name: _____ b. Telephone No.: _____
- c. Street address, city, and zip code: _____
- d. County of registration: _____ e. Registration No.: _____ f. Expires on (date): _____

(Each defendant for whom this answer is filed must be named in item 1 and must sign this answer unless his or her attorney signs.)

(TYPE OR PRINT NAME)

▶ _____
(SIGNATURE OF DEFENDANT OR ATTORNEY)

(TYPE OR PRINT NAME)

▶ _____
(SIGNATURE OF DEFENDANT OR ATTORNEY)

VERIFICATION

(Use a different verification form if the verification is by an attorney or for a corporation or partnership.)

I am the defendant in this proceeding and have read this answer. I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct. Date:

(TYPE OR PRINT NAME)

(SIGNATURE OF DEFENDANT)

INFORMATION SHEET FOR PROOF OF SERVICE BY FIRST-CLASS MAIL—CIVIL

(This information sheet is not part of the Proof of Service and does not need to be copied, served, or filed.)

NOTE: This form should **not** be used for proof of service of a summons and complaint. For that purpose, use *Proof of Service of Summons* (form POS-010).

Use these instructions to complete the *Proof of Service by First-Class Mail—Civil* (form POS-030).

A person over 18 years of age must serve the documents. There are two main ways to serve documents: (1) by personal delivery and (2) by mail. Certain documents must be personally served. You must determine whether personal service is required for a document. Use the *Proof of Personal Service—Civil* (form POS-020) if the documents were personally served.

The person who served the documents by mail must complete a proof of service form for the documents served. **You cannot serve documents if you are a party to the action.**

INSTRUCTIONS FOR THE PERSON WHO SERVED THE DOCUMENTS

The proof of service should be printed or typed. If you have Internet access, a fillable version of the Proof of Service form is available at www.courtinfo.ca.gov/forms.

Complete the top section of the proof of service form as follows:

First box, left side: In this box print the name, address, and telephone number of the person *for* whom you served the documents.

Second box, left side: Print the name of the county in which the legal action is filed and the court's address in this box. The address for the court should be the same as on the documents that you served.

Third box, left side: Print the names of the Petitioner/Plaintiff and Respondent/Defendant in this box. Use the same names as are on the documents that you served.

First box, top of form, right side: Leave this box blank for the court's use.

Second box, right side: Print the case number in this box. The case number should be the same as the case number on the documents that you served.

Complete items 1–5 as follows:

1. You are stating that you are over the age of 18 and that you are not a party to this action. You are also stating that you either live in or are employed in the county where the mailing took place.
2. Print your home or business address.
3. Provide the date and place of the mailing and list the name of each document that you mailed. If you need more space to list the documents, check the box in item 3, complete the *Attachment to Proof of Service by First-Class Mail—Civil (Documents Served)* (form POS-030(D)), and attach it to form POS-030.
4. For item 4:
 - Check box a if you personally put the documents in the regular U.S. mail.
 - Check box b if you put the documents in the mail at your place of business.
5. Provide the name and address of each person to whom you mailed the documents. If you mailed the documents to more than one person, check the box in item 5, complete the *Attachment to Proof of Service by First-Class Mail—Civil (Persons Served)* (form POS-030(P)), and attach it to form POS-030.

At the bottom, fill in the date on which you signed the form, print your name, and sign the form. By signing, you are stating under penalty of perjury that all the information you have provided on form POS-030 is true and correct.

<p>ATTORNEY OR PARTY WITHOUT ATTORNEY <i>(Name, State Bar number, and address):</i></p> <p>TELEPHONE NO.:</p> <p>E-MAIL ADDRESS <i>(Optional):</i> FAX NO. <i>(Optional):</i></p> <p>ATTORNEY FOR <i>(Name):</i></p>	<p>FOR COURT USE ONLY</p>
<p>SUPERIOR COURT OF CALIFORNIA, COUNTY OF</p> <p>STREET ADDRESS:</p> <p>MAILING ADDRESS:</p> <p>CITY AND ZIP CODE:</p> <p>BRANCH NAME:</p>	
<p>PETITIONER/PLAINTIFF:</p> <p>RESPONDENT/DEFENDANT:</p>	
<p>PROOF OF SERVICE BY FIRST-CLASS MAIL—CIVIL</p>	<p>CASE NUMBER:</p>

(Do not use this Proof of Service to show service of a Summons and Complaint.)

- 1. I am over 18 years of age and **not a party to this action**. I am a resident of or employed in the county where the mailing took place.
- 2. My residence or business address is:
- 3. On *(date)*: I mailed from *(city and state)*:
the following **documents** *(specify)*:

The documents are listed in the *Attachment to Proof of Service by First-Class Mail—Civil (Documents Served)* (form POS-030(D)).

- 4. I served the documents by enclosing them in an envelope and *(check one)*:
 - a. **depositing** the sealed envelope with the United States Postal Service with the postage fully prepaid.
 - b. **placing** the envelope for collection and mailing following our ordinary business practices. I am readily familiar with this business's practice for collecting and processing correspondence for mailing. On the same day that correspondence is placed for collection and mailing, it is deposited in the ordinary course of business with the United States Postal Service in a sealed envelope with postage fully prepaid.
- 5. The envelope was addressed and mailed as follows:
 - a. **Name** of person served:
 - b. **Address** of person served:

The name and address of each person to whom I mailed the documents is listed in the *Attachment to Proof of Service by First-Class Mail—Civil (Persons Served)* (POS-030(P)).

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

Date:



(TYPE OR PRINT NAME OF PERSON COMPLETING THIS FORM)

(SIGNATURE OF PERSON COMPLETING THIS FORM)