

# **SAMPLE**

UD ANSWER

Rev. 1/1/2024

DO NOT write in this packet.

Use this to fill out your blank  
forms.



ATTORNEY OR PARTY WITHOUT ATTORNEY		STATE BAR NUMBER:	FOR COURT USE ONLY	
<b>Your First/Last Name &amp; Other Defendant(s) Name</b> <b>Your Street Address Apt #</b> <b>Your City, State, Zip Code</b> <b>Your Phone #</b>			<b>SAMPLE ONLY</b> <b>Do not write on this copy!</b>	
SUPERIOR COURT OF CALIFORNIA, COUNTY OF STREET ADDRESS: MAILING ADDRESS: CITY AND ZIP CODE: BRANCH NAME:				
PLAINTIFF: <b>Landlord's First and Last Name</b>			<b>"Other Defendant(s)" means people that are going to file this Answer with you.</b>	
DEFENDANT: <b>Your First/Last Name &amp; Other Defendant(s) Name</b>				
			FILE NUMBER:	<b>Your Case #</b>

1. Defendant (all defendants for whom this answer is filed must be named and must sign this answer unless their attorney signs):

**Your First/Last Name & Other Defendant(s)**

answers the complaint as follows.

2. DENIALS (Check ONLY ONE of the next two boxes.)

a.  General Defendant Allegations

**Mark "2.a." if after reading the statements for your eviction, you DENY every statement written. If they are asking for less than \$1000, mark this box. Otherwise, mark box 2b.**

b.  Specific Denial

Defendant admits that all the statements of the complaint and of *Mandatory Cover Sheet and Supplemental Allegations—Unlawful Detainer* (form UD-101) are true EXCEPT:

(1) Denial of Allegations in Complaint (form UD-100 or other complaint for unlawful detainer)

(a) Defendant claims the following statements of the complaint are false (state paragraph numbers from the complaint or explain below or, if more room needed, on form MC-025):

**Fill in "2.b.(1)(a)" if after reading the statements for your eviction, you believe SOME Statements (NOT ALL) ARE FALSE, list those paragraph #'s here.**

(b) 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, if more room needed, on form MC-025):

**Fill in "2.b.(1)(b)" if after reading the statements for your eviction, you are not sure whether some statements in the Complaint are true or not, list those paragraph #'s here.**

(2) Denial of Allegations on *Mandatory Cover Sheet and Supplemental Allegations—Unlawful Detainer* (form UD-101)

(a)  Defendant did not receive form UD-101 (If not checked, complete (b) and (c), as appropriate.)

**Check box 2.b.(2)(a) if you did not receive UD-101**

*Allegations* (form UD-101). (If

(b) Defendant claims the following statements on *Mandatory Cover Sheet and Supplemental Allegations—Unlawful Detainer* (form UD-101) are false (state paragraph numbers from form UD-101 or explain below or, if more room needed, on form MC-025):  Explanation is on form MC-025, titled as Attachment 2b(2)(b).

**Review form UD-101 that landlord filed, if you received it. If you believe that any statements are false, list the paragraph # of the statements here.**

PLAINTIFF:	<b>Landlord's First and Last Name</b>	CASE NUMBER:	<b>Your Case #</b>
DEFENDANT:	<b>Your First/Last Name &amp; Other Defendant(s) Name</b>		

2. b. (2) (c) Defendant has no information or belief that the following statements on *Mandatory Cover Sheet and Supplemental Allegations—Unlawful Detainer* (form UD-101) are true, so defendant denies them (state paragraph numbers from form UD-101 or explain below or, if more room needed, on form MC-025):

**Review form UD-101 that landlord filed. If you are not sure whether some statements are true or not, list the paragraph # of the statements here.**

3. **DEFENSES AND OBJECTIONS** (NOTE: For each box checked, you must state brief facts to support it in item 3t (on page 3) or, if more room is needed, on form MC-025. You can learn more about defenses and objections at [www.courts.ca.gov/selfhelp-eviction.htm](http://www.courts.ca.gov/selfhelp-<u>eviction.htm</u>).)

- a.
- b.
- c.
- d.
- e.
- f.
- g.
- h.

**Read through these statements ("3.a.-3.s.") and check the box(es) that apply. For every box you mark, you will need to state the facts that support each box. You can attach any supporting documents that you have.**

**If you do mark boxes, on the next page under 3.t. give the reasons you checked them.**

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*(Also, briefly state in item 3t the facts showing violation of the ordinance.)*

- i.  Plaintiff's demand for possession is subject to the Tenant Protection Act of 2019, Civil Code section 1946.2 or 1947.12, and is not in compliance with the act. (Check all that apply and briefly state in item 3t the facts that support each.)
  - (1)  Plaintiff failed to state a just cause for termination of tenancy in the written notice to terminate.
  - (2)  Plaintiff failed to provide an opportunity to cure any alleged violations of terms and conditions of the lease (other than payment of rent) as required under Civil Code section 1946.2(c).
  - (3)  Plaintiff failed to comply with the relocation assistance requirements of Civil Code section 1946.2(d).
  - (4)  Plaintiff has raised the rent more than the amount allowed under Civil Code section 1947.12, and the only unpaid rent is the unauthorized amount.
  - (5)  Plaintiff violated the Tenant Protection Act in another manner that defeats the complaint.
- j.  Plaintiff accepted rent from defendant to cover a period of time after the date the notice to quit expired.
- k.  Plaintiff seeks to evict defendant based on an act—against defendant, defendant's immediate family member, or a member of defendant's household—that constitutes domestic violence, sexual assault, stalking, human trafficking, abuse of an elder or a dependent adult, or a crime that caused bodily injury, involved a deadly weapon, or used force or threat of force. (This defense requires one of the following, which may be included with this form: (1) **a temporary restraining order, protective order, or police report** that is not more than 180 days old; (2) **a signed statement from a qualified third party** (e.g., a doctor, domestic violence or sexual assault counselor, human trafficking caseworker, psychologist, or a victim of violent crime advocate concerning the injuries or abuse resulting from these acts); or (3) **another form of documentation or evidence that verifies that the abuse or violence occurred.**)
  - (1)  The abuse or violence was committed by a person who does not live in the dwelling unit.
  - (2)  The abuse or violence was committed by a person who lives in the dwelling unit and defendant claims protection from eviction under Code of Civil Procedure section 1161.3(d)(2).
- l.  Plaintiff seeks to evict defendant based on defendant or another person calling the police or emergency assistance (e.g., ambulance) by or on behalf of a victim of abuse, a victim of crime, or an individual in an emergency when defendant or the other person believed that assistance was necessary.
- m.  Plaintiff's demand for possession of a residential property is based on nonpayment of rent or other financial obligations and (check all that apply)
  - (1)  plaintiff received or has a pending application for rental assistance from a governmental rental assistance program or some other source relating to the amount claimed in the notice to pay rent or quit. (Health & Saf. Code, §§ 50897.1(d)(2)(B) and 50897.3(e)(2).)

PLAINTIFF:	<b>Landlord's First and Last Name</b>	CASE NUMBER:	
DEFENDANT:	<b>Your First/Last Name &amp; Other Defendant(s) Name</b>		<b>Your Case #</b>

3. m. (2)  plaintiff received or has a pending application for rental assistance from a governmental rental assistance program or some other source for rent accruing since the notice to pay rent or quit. (Health & Saf. Code, §§ 50897.1(d)(2)(B) and 50897.3(e)(2).)
- (3)  plaintiff's demand for possession is based only on late fees for defendant's failure to provide landlord payment within 15 days of receiving governmental rental assistance. (Health & Saf. Code, § 50897.1(e)(2)(B).)
- n.  Plaintiff violated the COVID-19 Tenant Relief Act (Code Civ. Proc., § 1179.01 et seq.) or a local COVID-19-related **Speak with Self Help Center staff if you think that landlord's conduct may have violated the current eviction law.**
- o.  The property is covered by the federal CARES Act and the plaintiff did not provide 30 days' notice to vacate. (Property covered by the CARES Act means property where the landlord
- is participating in a covered housing program as defined by the Violence Against Women Act;
  - is participating in the rural housing voucher program under section 542 of the Housing Act of 1949; or
  - has a federally backed mortgage loan or a federally backed multifamily mortgage loan.)
- p.  Plaintiff improperly applied payments made by defendant in a tenancy that was in existence between March 1, 2020, and September 30, 2021 (Code Civ. Proc., § 1179.04.5), as follows (check all that apply):
- (1)  Plaintiff applied a security deposit to rent, or other financial obligations due, without tenant's written agreement.
- (2)  Plaintiff applied a monthly rental payment to rent or other financial obligations that were due between March 1, 2020, and September 30, 2021, other than to the prospective month's rent, without tenant's written agreement.
- q.  Plaintiff refused to accept payment from a third party for rent due. (Civ. Code, § 1947.3; Gov. Code, § 12955.)
- r.  Defendant has a disability and plaintiff refused to provide a reasonable accommodation that was requested. (Cal. Code Regs., tit. 2, § 12176(c).)
- s.  Other defenses and objections are stated in item 3t.
- t. (Provide facts for each item checked above, either below or, if more room needed, on form MC-025):
- Description of facts or defenses are on form MC-025, titled as Attachment 3t.

**If you marked any "Affirmative Defenses" in "3.a.- t." on page 1, 2, and/or 3, give facts with dates that support each box you marked. If you need more space, ask staff for an attachment. If you are attaching evidence, label them as "Exhibit 1", "Exhibit 2", etc.**

**Mark "4.a." if you have moved out and write the date (MM/DD/YYYY) you did here.**

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, if more room needed, on form MC-025).
- Explanatio**Mark "4.b." if you think the rent is too high because of serious problems with the condition of the rental or other reasons. List those reasons here. If you need more space, ask staff for an attachment.**
- c.  Other (specify below or, if more room needed, on form MC-025):
- Other statements are on form 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.

PLAINTIFF: DEFENDANT:	<b>Landlord's First and Last Name</b>	CASE NUMBER:	<b>Your Case #</b>
	<b>Your First/Last Name &amp; Other Defendant(s) Name</b>		

5. 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 995)  
 All other requests are

**Mark "5.d." If you are asking for repairs to be made and to lower the monthly rent until repairs are made.**

6. Number of pages attached: **Write # of pages you are attaching (if any)**

**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 number:
- c. street address, city, and zip code:
- d. county of registration:
- e. registration number:
- f. expiration date:

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

**Print Your First/Last Name**  
(TYPE OR PRINT NAME)

**Sign Your Name**  
(SIGNATURE OF DEFENDANT OR ATTORNEY)

**Other Defendant's First/Last Name**  
(TYPE OR PRINT NAME)

**Other Defendant's Signature**  
(SIGNATURE OF DEFENDANT OR ATTORNEY)

**Other Defendant's First/Last Name**  
(TYPE OR PRINT NAME)

**Other Defendant's Signature**  
(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: **Today's Date**

**Print Your First/Last Name**  
(TYPE OR PRINT NAME)

**Sign Your Name**  
(SIGNATURE OF DEFENDANT)

Date: **Today's Date**

**Other Defendant's First/Last Name**  
(TYPE OR PRINT NAME)

**Other Defendant's Signature**  
(SIGNATURE OF DEFENDANT)

Date: **Today's Date**

**Other Defendant's First/Last Name**  
(TYPE OR PRINT NAME)

**Other Defendant's Signature**  
(SIGNATURE OF DEFENDANT)

ATTORNEY OR PARTY WITHOUT ATTORNEY		STATE BAR NUMBER:	<i>FOR COURT USE ONLY</i>	
NAM FIRM STR CITY TELE EMA	<b>Your First/Last Name &amp; Other Defendant(s) Name</b> <b>Your Street Address Apt #</b> <b>Your City, State, Zip Code</b> <b>Your Phone #</b>		<b>Please read this form carefully and only sign it if it applies to your situation.</b>	
ATTORNEY FOR (name):				
SUPERIOR COURT OF CALIFORNIA, COUNTY OF		<b>"Other Defendant(s)" means people that are going to file this Answer with you.</b>		
STREET ADDRESS: MAILING ADDRESS: CITY AND ZIP CODE: BRANCH NAME:				
PLAINTIFF:	<b>Landlord's First and Last Name</b>			
DEFENDANT:	<b>Your First/Last Name &amp; Other Defendant(s) Name</b>			
<b>DUE TO COVID-19 RENTAL DEBT</b>		CASE NUMBER:	<b>Your Case #</b>	

*This form must be filed by the defendant in an unlawful detainer case to ask the court to stop the eviction process if the defendant has been approved for COVID-19-related emergency rental assistance. Defendant must be able to declare under penalty of perjury that all the statements in item 2 are true.*

*For the court to stop the eviction process, defendant may have to pay any amounts demanded in the complaint that the rental assistance does not cover. (Code Civ. Proc., § 1179.13(a)(3).) Note: this application does not take the place of an Answer to the complaint, which should be filed within five days of receiving the complaint. (You can use form UD-105.)*

- Defendant (name): **Your First/Last Name & Other Defendant(s) Name**  
asks the court to prevent or relieve forfeiture of the lease or rental agreement for property at issue in this unlawful detainer case under Code of Civil Procedure section 1179.13.
- Both of the following statements are true:
  - This unlawful detainer case is based on both of the following time periods (check the box(es) that apply to you. **One of these boxes must apply to complete this form.** one or more):
    - between March 1, 2020, and September 30, 2021.
    - between October 1, 2021, and March 31, 2022, and the defendant's tenancy was initially established before October 1, 2021.
  - A government rental assistance program has approved the defendant's application for rental assistance or other financial obligations demanded by the landlord. **Check box 3.a. if you are attaching a copy of the approval from a government rental assistance program. Check box 3.b. and complete items (1)-(3), if you do not have a copy of the approval available.** rental assistance payment
    - A copy of the final decision for the property in this case is attached to this application, approved, and the time period for the approval is:
      - The address for the property at issue in this case (address):
      - The application number assigned to defendant's rental assistance application:
      - The name of the government rental assistance program that granted the approval (if known):
    - (The following information must be provided if a copy of the approval is not available.)

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

Date: **Today's Date**

**Print Your First/Last Name**  
(TYPE OR PRINT NAME)

**Sign Your Name**  
(SIGNATURE)





FOR COURT USE ONLY

Your First/Last Name & Other Defendant(s) Name

Your Street Address Apt #

Your City, State, Zip Code

Your Phone #

E-MAIL ADDRESS (Optional):

ATTORNEY FOR (Name): SELF-REPRESENTED

SUPERIOR COURT OF CALIFORNIA, COUNTY OF SANTA CLARA

STREET ADDRESS: 191 N. First Street

MAILING ADDRESS: 191 N. First Street

CITY AND ZIP CODE: San Jose, CA 95113

BRANCH NAME: Civil Courthouse - DTS

PETITIONER/PLAINTIFF: Landlord's First and Last Name

RESPONSE: Your First/Last Name & Other Defendant(s) Name

"Other Defendant(s)" means people that are going to file this Answer with you.

SAMPLE ONLY

Do not write on this copy!

PROOF OF SERVICE BY FIRST-CLASS MAIL - CIVIL

CASE NUMBER: Your Case #

(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:

Server's Address

(Server's Street Address)

(Apt #)

(City)

(State)

(Zip)

3. On Date (MM/DD/YYYY) Server Mailed your forms from (city and

City/State Server Mailed from

(City and State server mailed from)

the following documents (specify):

ANSWER-UNLAWFUL DETAINER

UD-125

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. [X] 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 Name of Landlord's First and Last Name or Landlord's Attorney's Name (if they have an attorney)

(First and Last Name of Person Served)

Landlord's Address or Landlord's Attorney's Address (if they have an attorney)

(Server's Street Address)

(Apt #)

(City)

(State)

(Zip)

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 [Date Server Signs] laws of the State of California that the foregoing is true and correct.

Date: Server Prints First/Last Name

(TYPE OR PRINT NAME OF PERSON COMPLETING THIS FORM) (Server's First and Last Name)

Server's Signs Here

(SIGNATURE OF PERSON COMPLETING THIS FORM) (Server's Signature)

## 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](http://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.**