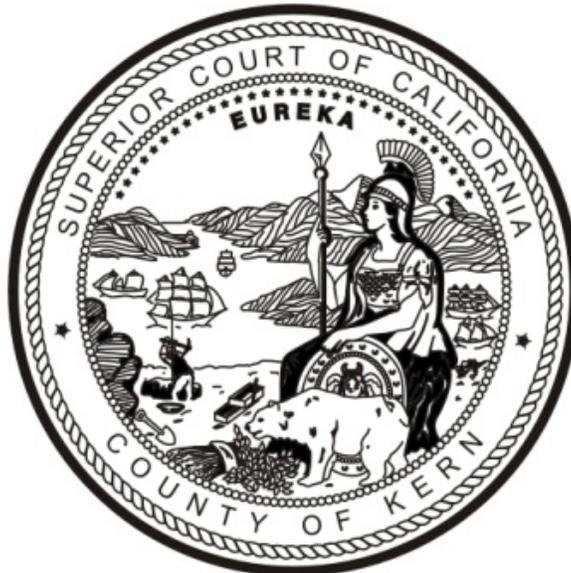


# **ANSWER PACKET** **UNLAWFUL DETAINERS**

## **SUPERIOR COURT OF CALIFORNIA COUNTY OF KERN**



<b>FORMS INCLUDED IN THIS PACKET</b>	
Judicial Council Form UD-105	Answer – Unlawful Detainer
Judicial Council Form MC-025 (if needed)	Attachment to Judicial Council Form
Judicial Council Form POS-030	Proof of Service by First Class Mail – Civil
Judicial Council Form FW-001 (if needed)	Request to Waive Court Fees
Judicial Council Form FW-003 (if needed)	Order on Court Fee Waiver

Please be advised that court employees may not give legal advice. It is recommended that you seek legal advice or do your own legal research if you are not familiar with this legal process. Additional information is available on the Superior Court's website, [www.kern.courts.ca.gov](http://www.kern.courts.ca.gov), and the Judicial Council's self-help website, <http://www.courts.ca.gov/selfhelp-housing.htm>

Should you have any questions or concerns, please do not hesitate to contact the **Landlord-Tenant Assistance Center** (LTAC) located down past the Civil Department near the stairs. LTAC is a Court pilot project between the Kern County Superior Court and **Greater Bakersfield Legal Assistance** (GBLA), and is funded by the Sargent Shriver Civil Counsel Act (GC§68650). LTAC is designed to assist you in common landlord or tenant issues. In addition, you may seek information at the Kern County Law Library located on the 3<sup>rd</sup> floor at 1415 Truxtun Avenue, Bakersfield, CA 93301.

**KEY TERMS AND DEFINITIONS**

TERMS	DEFINITIONS
Complaint	The lawsuit filed in the Court.
Plaintiff	The party that initiates the lawsuit and files the Complaint.
Defendant	The party or person sued in the lawsuit that may respond to the Complaint.
Answer	A written pleading filed by the Defendant in response to the Complaint.
<b>Mediation</b>	The attempt to settle a legal dispute through active participation of a third party (mediator) who works to find points of agreement and make those in conflict agree on a fair result.
Affirmative Defense	A legal defense to the complaint.
Service	The delivery of copies of legal documents to the opposing party or other person to whom the documents are directed.
Trial	The date your case is examined and determined by a judge (or other judicial officer) with authority to hear the matter.
Exhibit	A document, paper or item of physical/tangible quality offered as evidence.
Witness	A person who testifies under oath that he/she has seen, heard, or observed something.
Default	Failure of a party to respond to a lawsuit, or to follow proper procedure to prevent entry of Judgment against them.
Judgment	The official decision of the Court stating which party won and the terms of the decision. It happens only if a default has been taken or you have lost at the Trial hearing.

**FEES**  
(Usually \$225.00 per person)

A fee is required to file an Answer or respond to the Unlawful Detainer. To determine the amount of the fee, refer to the current version of the Fee Schedule available on the Courts website at: [http://www.kern.courts.ca.gov/pdf/local\\_fee\\_schedule010114.pdf](http://www.kern.courts.ca.gov/pdf/local_fee_schedule010114.pdf).

*\*As of January 1, 2014, the filing fee for each Defendant is \$225.00.*

**WHAT IF I CANNOT AFFORD THE COURT FEES?**

If you think you cannot afford to pay the Court fees, refer to the Information Sheet on Waiver of Superior Court Fees and Costs (Judicial Council Form FW-001-INFO), included in this packet. If you feel that you may qualify for a waiver according to the guidelines, complete the Request to Waive Court Fees (Judicial Council Form FW-001) and Order on Court Fee Waiver (Judicial Council Form FW-003), also known as a "fee waiver." Submit the fee waiver with your response to the Court.

**HOW CAN I GET THE FORMS OR MORE HELP AND INFORMATION?**

FORMS	MORE INFO	MORE HELP
<ul style="list-style-type: none"> <li>Attached to this packet.</li> <li>By stopping by LTAC and picking them up in the hallway.</li> <li>Online at the state's website, <a href="http://www.courts.ca.gov">www.courts.ca.gov</a>. Click on forms. They are PDF fillable forms.</li> <li>Online at the Court's website, <a href="http://www.kern.courts.ca.gov">www.kern.courts.ca.gov</a>. Click on Civil, then Unlawful Detainers. Here you can find the forms and our samples. They are not fillable forms.</li> </ul>	<p>More information is available:</p> <ul style="list-style-type: none"> <li>CA Judicial Branch: <a href="http://www.courts.ca.gov/selfhelp-eviction.htm">http://www.courts.ca.gov/selfhelp-eviction.htm</a>.</li> <li>CA Department of Consumer Affairs: <a href="http://www.dca.ca.gov/publications/legal_guides/index.shtml">http://www.dca.ca.gov/publications/legal_guides/index.shtml</a>.</li> </ul>	<p>If the process proves to be too difficult or time consuming, you can do any of the following:</p> <ul style="list-style-type: none"> <li>Request free assistance from the Landlord-Tenant Assistance Center (LTAC) located at Window 8 next to the Civil Division.</li> <li>Hire an attorney to represent you and/or fill out your forms.</li> <li>Hire an Unlawful Detainer Assistant (UDA) to fill out your forms. <i>*UDAs cannot give legal advice nor represent you in court.</i></li> </ul>

**STEP 1 OF 5:  
COMPLETE THE  
FORMS**

FORMS	ACTIONS
<ul style="list-style-type: none"> <li>• Answer – Unlawful Detainer – UD-105</li> </ul>	<ul style="list-style-type: none"> <li>• Complete and sign <b>page 2</b>. See Completing the Answer for step by step instructions.</li> </ul>
<ul style="list-style-type: none"> <li>• Attachment to Judicial Council Form – MC-025</li> </ul>	<ul style="list-style-type: none"> <li>• This form is <b>ONLY</b> to be used as an attachment when you need extra space to write/type your issues.</li> </ul>

\*A step-by-step video on how to fill out the Answer is available at <http://pd.global.playstream.com/court/vsh/progressive/flash/UD-105.html>

**STEP 2 OF 5:  
MAKE COPIES**

<ul style="list-style-type: none"> <li>• Make 2 copies of all the documents in addition to the original.</li> </ul>
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**STEP 3 OF 5:  
SERVE YOUR  
ANSWER**

<p>Service: <b>You must “serve” the first copy of the Answer.</b></p> <ul style="list-style-type: none"> <li>• “<b>Service</b>” means that someone, NOT YOU, who is at least 18 years old, must mail a copy of your Answer to the other party in the case or their attorney, if they have one. You can ask a friend, relative, etc. to serve the Answer for you or you can look in the yellow pages and hire a “process server” to mail the papers for you for a fee.</li> <li>• After the papers are mailed, the server (person who mails the Answer) must complete the Proof of Service by First Class Mail – Civil – POS-030.</li> </ul>	
FORMS	ACTIONS
<ul style="list-style-type: none"> <li>• Proof of Service by First Class Mail – Civil – POS-030</li> </ul>	<ul style="list-style-type: none"> <li>• Complete the caption portion of this form.</li> <li>• Have someone at least 18 years of age that is not a party to the case completes this form.</li> <li>• The Answer and any accompanying documents must be mailed to the person and address listed on their caption.</li> <li>• The person who signs <b>page 2</b> is stating under penalty of perjury that he/she will mail a copy of your response to the Plaintiff or the Plaintiff’s attorney.</li> </ul>

**STEP 4 OF 5:  
FILE YOUR  
ANSWER**

<ul style="list-style-type: none"> <li>• Turn in the original and the second copy of the <i>Answer</i> and the <i>Proof of Service</i> to the Civil Clerk’s Office.</li> <li>• <b>If you are <u>not</u> asking for a fee waiver</b>, you will pay the filing fee and get filed stamped copies back when you file.</li> <li>• <b>If you are asking for a fee waiver</b>, your file-stamped copies may be returned immediately, OR you may be asked to return in up to 24 hours, OR your file stamped forms may be mailed to you. Please check with the clerk who takes your forms.</li> </ul>
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**STEP 5 OF 5:  
FOLLOW UP**

<ul style="list-style-type: none"> <li>• You are not done yet. The Court has to accept your Answer and grant your Fee Waiver, if any.</li> <li>• If you filed a Fee Waiver, you must wait until it is granted. Once granted, your Answer is then usually accepted. If your Fee Waiver is denied, your Answer will not be processed completely.</li> <li>• If your Answer and/or Fee Waiver was processed at the window on the same day, you <b>DO NOT</b> have to follow up.</li> <li>• If it was taken in for processing, you must follow up with the Civil Clerk’s office in 2-3 business days to make sure it was accepted.</li> <li>• <b>If your Answer is not filed on time, the Plaintiff might be able to file a default against you and you may lose your case.</b></li> </ul>
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**TRIAL  
NOTIFICATION**

<p>Once the Answer has been accepted by the Court, the next step would be for either the Plaintiff or the Defendant to file a Request to Set Case for Trial. Once filed, the Clerk in the Civil Division will set the trial date and notify you by mail. It is your responsibility to keep the court informed of your current address. If you move out or change your address, please file a Notice of Change of Address or Other Contact Information, MC-040.</p> <p><u>Note:</u> Due to drastic budget cuts, trials are set later than 20 days past the date of filing the 1<sup>st</sup> Request for Trial.</p>
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## INTERPRETER

**Note:** If needed, you may request for interpreter services for your trial hearing at no charge. The court will not provide this resource for you or your witnesses automatically and availability may be limited. It must be requested prior to the trial hearing by filling out and filing a Court Interpreter Services form. Please inquire at window 8 or the Civil Division for a copy of the form.

## COURT REPORTER

The Court does not provide a Court Reporter in Unlawful Detainer cases. You may, however, hire one from the Court's approved list at your own expense:  
<http://www.kern.courts.ca.gov/pdf/CourtReporter/CourtApprovedListReportersProTempore.pdf>.

### **Judicial Council Form UD-105** **COMPLETING THE ANSWER, PAGE ONE**

**Paragraph #1: IDENTIFY YOURSELF.** If there is more than one defendant listed in the **Complaint** each must respond, or a **default** may be entered against the defendant/s who do not file an Answer. Two or more defendants can share one Answer form, but each must sign the answer and pay a separate filing fee. Only one is required to sign the verification on page 2. If you are filling the Answer for yourself and another defendant named in the Complaint, put both of your names in line 1.

**Paragraph #2: RESPONDING TO THE STATEMENTS IN THE COMPLAINT.** Look at the third page of the Complaint where it states the amount of money the landlord is asking for.

If the amount is \$1,000 or less you can check box (a). If landlord is asking for more than \$1000 you need to check box (b) and answer each paragraph of the Complaint by any of the following:

- Admitting the statements in the Complaint are true. If you do this, you do not need to mark anything other than the box next to the letter (b).
- Denying the statements in the Complaint which are false. To do this, you need to put the number of the paragraphs in the Complaint which are false under the (1) section.
- If you do know whether a statement in the Complaint is true or false, you can put the paragraph number of that statement under the (2) section.

**If you have defenses to the eviction, continue to section #3. If you have no defenses, skip section #3 and go to section #4.**

**Paragraph #3: AFFIRMATIVE DEFENSES:** If you have defenses to the Complaint, you must state them in your Answer if you want the court to consider them at trial. Not all reasons for not paying rent are legally recognized defenses. Legal defenses stated in the Answer are called **affirmative defenses**.

Section 3 of the Answer form has a number of common affirmative defenses which apply to eviction cases. An explanation of the different affirmative defenses are included in this packet.

Mark the letters of the affirmative defenses which apply to your case, and then describe why you checked those defenses in section 3(k) on page 2 of the Answer form.

### **Judicial Council Form UD-105** **COMPLETING THE ANSWER, PAGE TWO**

**Paragraph #4: OTHER STATEMENTS:**

- If you already moved out:** if you already moved out of the property, check box 4(a) and give the date you moved out.
- If the landlord failed to maintain the property:** if you check box 3(a) of the affirmative defenses because the landlord did not maintain the property, and you believe the rent should be lowered, check box 4(b) and put the amount you think the rent should be reduced and why.
- Check 4(c) if you would like to add other statements.

**Paragraph #5: DEFENDANT REQUESTS:** Telling the court what you want. If you checked box 3(a) of the affirmative defenses because the landlord failed to maintain the property, and you want the landlord to fix the problems, check 5(d). If you want the court to do something else in your case, state what you want in section 5(e).

**REMEMBER** each defendant named in the answer must pay a filing fee or separately qualify for a fee waiver.

**"VERIFICATION"** Needs only to be signed by one of the defendants in the case. You are **swearing under oath** that everything you put in the answer is true. Also, fill in date when signing verification section.

After completing the answer, make a copy to have somebody over the age of 18 and not a party to this case mail it to the plaintiff or plaintiff's attorney (if any). Have server fill out proof of service to attach to answer. Then submit original plus 1 copy to clerk's office at 1415 Truxtun Ave. 1st Floor to file answer. Submit filing fee or fee waiver with answer when filing.

### DEFINITIONS OF AFFIRMATIVE DEFENSES FOR UNLAWFUL DETAINER ANSWER

<b>3a:</b>	You did not pay your rent because there were serious problems with the home that the landlord would not fix. <b>Example:</b> No heat, windows are broken, the sinks don't work or the ceiling leaks.
If you would like to research the law for this defense you can find it at CCP Section 1174.2.	
<b>3b:</b>	You did not pay your rent because you used it to fix problems with the home that the landlord would not fix. <b>Example:</b> The heater was broken, you told the landlord, but he wouldn't fix it, so you paid to have a licensed contractor fix it.
If you would like to research the law for this defense you can find it at CCP Section 1942	
<b>3c:</b>	You tried to pay the full amount of rent you owed within the 3 days, but the landlord would not take it.
<b>3d:</b>	Landlord waived, changed or cancelled notice to quit.
If you would like to research the law for this defense you can read case of EDC Assoc v Gutierrez (1984) 153 Cal.App3d 167, 170, 200 Cal Rptr 333 or the Nolo Press Book. California Tenants' Rights.	
<b>3e:</b>	Your landlord is retaliating against you. <b>Example:</b> You called Code Enforcement about violations or you invited a tenants' rights attorney to speak to you and your neighbors.
If you would like to research the law for this defense you can find it at CCP Section 1942.5(c)	
<b>3f:</b>	Your landlord is evicting you because of your race, religion, sexual preference, where you work, or because you have children.
If you would like to research the law for this defense you can find it at CCP Section 51	
<b>3g:</b>	In counties that have eviction ordinances, a landlord can only evict you for a good reason. At this time, Kern County does not require the landlord to have a good reason to give you a 30-, 60-, 90-day notice.
<b>3h:</b>	The landlord accepted rent that would cover more than the number of days in the notice. <b>Example:</b> The landlord gave you a 30 day notice on May 1 <sup>st</sup> to have you leave by May 31 <sup>st</sup> . Your rent is \$500. On May 2 <sup>nd</sup> , you paid \$1000 for May and June, and the Landlord kept it.
<b>3i:</b>	Your landlord is evicting based on acts against defendant(s) that constitutes domestic violence, sexual assault, stalking, human trafficking, or abuse of an elder or dependent adult.
<b>3j:</b>	Any other reason that you think that you should not be evicted.
<b>3k:</b>	On page 2 of your answer, give detailed facts that support the boxes you check at 3a-3j.

***\*\*There may be other affirmative defenses which the law recognizes, but which are not listed here. An attorney can best inform you which affirmative defenses are appropriate for you to raise based on the facts of your case. You are strongly urged to talk with a private attorney, if possible, to evaluate the facts of your case and advise you which affirmative defenses you should include before filing your answer.***

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, State Bar number, and address): <b>YOUR NAME AND THE NAMES OF ANY OTHER DEFENDANTS</b> <b>FILING WITH YOU</b> <b>YOUR ADDRESS</b> <b>YOUR CITY, STATE, AND ZIP CODE</b> TELEPHONE NO.: <b>YOUR PHONE NUMBER</b> FAX NO.: E-MAIL ADDRESS: ATTORNEY FOR (Name): <b>Defendant, In Pro Per</b>	<b>FOR COURT USE ONLY</b>
<b>SUPERIOR COURT OF CALIFORNIA, COUNTY OF KERN</b> STREET ADDRESS: <b>ADDRESS OF THE COURT YOU FILED IN</b> MAILING ADDRESS: CITY AND ZIP CODE: BRANCH NAME:	
Plaintiff: <b>NAME OF PLAINTIFF/S</b>  Defendant: <b>NAME OF DEFENDANT/S</b>	
<b>ANSWER - UNLAWFUL DETAINER</b>	CASE NUMBER: <b>YOUR FULL CASE NUMBER</b>

1. Defendant (each defendant for whom this answer is filed must be named and must sign this answer unless his or her attorney signs): **PRINT NAME OF EACH DEFENDANT/S AS STATED ON THE COMPLAINT. IF YOUR NAME IS INCORRECT ON THE COMPLAINT, STATE YOUR CORRECT NAME AND answers the complaint as follows: INDICATE THAT YOU'RE "(being sued as ...)".**
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).  
**CHOOSE ONE**  
**CHECK THIS ONE IF YOU THINK PARTS OF THE COMPLAINT ARE TRUE AND SOME ARE FALSE, CHECK BOX "b" AND THEN LIST THE PARAGRAPH #S OF THE COMPLAINT THAT YOU KNOW ARE INCORRECT.**
    - (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).  
**IF YOU ARE NOT SURE WHETHER SOME THINGS SAID IN THE COMPLAINT ARE TRUE OR NOT, LIST ITEMS BY PARAGRAPH HERE.**
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): the rent due but plaintiff would not accept it. **CHECK ALL THAT APPLY. AN EXPLANATION OF EACH DEFENSE IS STATED ON PREVIOUS PAGE.** quit expired, defendant offered
  - d.  Plaintiff waived, changed, or canceled the n
  - 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.

(TYPE OR PRINT NAME)

PRINT YOUR NAME

(SIGNATURE OF DEFENDANT)

SIGN YOUR NAME

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

VERIFICATION

(TYPE OR PRINT NAME)

PRINT NAMES OTHER DEFENDANTS WHO ARE

(SIGNATURE OF DEFENDANT OR ATTORNEY)

EACH DEFENDANT SIGNS

(TYPE OR PRINT NAME)

PRINT YOUR NAME

(SIGNATURE OF DEFENDANT OR ATTORNEY)

SIGN YOUR NAME

(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.)

- 6.  Number of pages attached: \_\_\_\_\_
- UNLAWFUL DETAINER ASSISTANT (Bus. & Prof. Code §§ 6400-6415)
  - 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): \_\_\_\_\_

**CHECK BOX "d", IF YOU WANT THE LANDLORD TO MAKE THE NEEDED REPAIRS**

- 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.

- c.  Other (specify below or on form MC-025 in attachment): \_\_\_\_\_
  - Other statements are on MC-025, titled as Attachment 4c.
- IF THERE IS ANYTHING ELSE YOU THINK THAT THE COURT SHOULD KNOW, CHECK BOX "c" AND EXPLAIN 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 on form MC-025): \_\_\_\_\_
    - Explanation is on MC-025, titled as Attachment 4b.
- IF YOU THINK THE RENT IS TOO HIGH BECAUSE THERE ARE SERIOUS PROBLEMS WITH THE HOME, CHECK BOX "b" AND EXPLAIN HERE**

- 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.
- GIVE FACTS WITH DATES THAT SUPPORT THE DEFENSES THAT YOU CHECKED ON THE BOTTOM OF PAGE 1. ATTACH ANY SUPPORTING DOCUMENTS THAT YOU HAVE, AND LABEL THEM AS EXHIBITS, STARTING WITH EXHIBIT A.**

CASE NUMBER: YOUR FULL CASE NUMBER

ATTORNEY OR PARTY WITHOUT ATTORNEY <i>(Name, State Bar number, and address):</i> <b>YOUR NAME AND THE NAMES OF ANY OF THE DEFENDANTS FILING WITH YOU</b> <b>YOUR ADDRESS</b> <b>YOUR CITY, STATE, AND ZIP CODE</b> TELEPHONE NO.: <b>YOUR PHONE NUMBER</b> FAX NO. <i>(Optional):</i> E-MAIL ADDRESS <i>(Optional):</i> ATTORNEY FOR <i>(Name):</i> <b>Plaintiff, In Pro Per</b>	<b>FOR COURT USE ONLY</b>
<b>SUPERIOR COURT OF CALIFORNIA, COUNTY OF KERN</b> STREET ADDRESS: <b>ADDRESS OF THE COURT YOU FILED IN</b> MAILING ADDRESS: <b>SAME</b> CITY AND ZIP CODE: BRANCH NAME:	
PETITIONER/PLAINTIFF: <b>NAME OF PLAINTIFF/S</b>  RESPONDENT/DEFENDANT: <b>NAME OF DEFENDANT/S</b>	
<b>PROOF OF SERVICE BY FIRST-CLASS MAIL - CIVIL</b>	CASE NUMBER: <b>YOUR FULL CASE NUMBER</b>

*(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:  
**THE ADDRESS OF THE PERSON MAILING YOUR ANSWER (AKA SERVER)**
3. On *(date):* **DATE MAILED**      I mailed from *(city and state):* **CITY /STATE FROM WHICH THE ANSWER WAS MAILED**  
 the following documents *(specify):*  
**Answer - Unlawful Detainer.**

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:**    **PLAINTIFF/S NAME OR PLAINTIFF'S ATTORNEYS NAME AS SHOWN**
  - b. **Address of person served:** **IN THE COMPLAINT**  
  
**PLAINTIFF'S ADDRESS OR PLAINTIFF'S ATTORNEY'S ADDRESS AS SHOWN IN THE COMPLAINT**

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: **DATE SERVER SIGNED THIS DOCUMENT**

**PRINT SERVER'S NAME** \_\_\_\_\_  
(TYPE OR PRINT NAME OF PERSON COMPLETING THIS FORM)

**SERVER'S SIGNATURE** \_\_\_\_\_  
(SIGNATURE OF PERSON COMPLETING THIS FORM)

# 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.

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



SHORT TITLE:  	CASE NUMBER:  
----------------------	----------------------

**ATTACHMENT (Number) :** \_\_\_\_\_  
*(This Attachment may be used with any Judicial Council form.)*

*(If the item that this Attachment concerns is made under penalty of perjury, all statements in this Attachment are made under penalty of perjury.)*

**Page** \_\_\_\_\_ **of** \_\_\_\_\_  
*(Add pages as required)*

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

*(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)

## 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.**

## INFORMATION SHEET ON WAIVER OF SUPERIOR COURT FEES AND COSTS

If you have been sued or if you wish to sue someone, or if you are filing or have received a family law petition, and if you cannot afford to pay court fees and costs, you may not have to pay them in order to go to court. If you are getting public benefits, are a low-income person, or do not have enough income to pay for your household's basic needs and your court fees, you may ask the court to waive all or part of your court fees.

- To make a request to the court to waive your fees in superior court, complete the *Request to Waive Court Fees* (form FW-001). If you qualify, the court will waive all or part of its fees for the following:
  - Filing papers in superior court (other than for an appeal in a case with a value of over \$25,000)
  - Making and certifying copies
  - Sheriff's fee to give notice
  - Court fees for telephone hearings
  - Reporter's daily fee (*for up to 60 days after the grant of the fee waiver, at the court-approved daily rate*)
  - Preparing, certifying, copying, and sending the clerk's transcript on appeal.
  - Giving notice and certificates
  - Sending papers to another court department
  - Having a court-appointed interpreter in small claims court
- You may ask the court to waive other court fees during your case in superior court as well. To do that, complete a *Request to Waive Additional Court Fees (Superior Court)* (form FW-002). The court will consider waiving fees for items such as the following, or other court services you need for your case:
  - Jury fees and expenses
  - Fees for court-appointed experts
  - Reporter's daily fees (*beyond the 60-day period after the grant of the fee waiver, at the court-approved daily rate*)
  - Fees for a peace officer to testify in court
  - Court-appointed interpreter fees for a witness
  - Other necessary court fees
- If you want the Appellate Division of Superior Court or the Court of Appeal to review an order or judgment against you and you want the court fees waived, ask for and follow the instructions on *Information Sheet on Waiver of Appellate Court Fees, Supreme Court, Court of Appeal, Appellate Division* (form APP-015/FW-015-INFO).

### IMPORTANT INFORMATION!

- You are signing your request under penalty of perjury. Please answer truthfully, accurately, and completely.**
- The court may ask you for information and evidence.** You may be ordered to go to court to answer questions about your ability to pay court fees and costs and to provide proof of eligibility. Any initial fee waiver you are granted may be ended if you do not go to court when asked. You may be ordered to repay amounts that were waived if the court finds you were not eligible for the fee waiver.
- If you receive a fee waiver, you must tell the court if there is a change in your finances.** You must tell the court within five days if your finances improve or if you become able to pay court fees or costs during this case. (File *Notice to Court of Improved Financial Situation or Settlement* (form FW-010) with the court.) You may be ordered to repay any amounts that were waived after your eligibility came to an end.
- If you receive a judgment or support order in a family law matter:** You may be ordered to pay all or part of your waived fees and costs if the court finds your circumstances have changed so that you can afford to pay. You will have the opportunity to ask the court for a hearing if the court makes such a decision.
- If you win your case in the trial court:** In most circumstances the other side will be ordered to pay your waived fees and costs to the court. The court will not enter a satisfaction of judgment until the court is paid. (This does not apply in unlawful detainer cases. Special rules apply in family law cases. (Government Code, section 68637(d), (e).))
- If you settle your civil case for \$10,000 or more:** Any trial court waived fees and costs must first be paid to the court out of the settlement. **The court will have a lien on the settlement in the amount of the waived fees and costs.** The court may refuse to dismiss the case until the lien is satisfied. A request to dismiss the case (use form CIV-110) must have a declaration under penalty of perjury that the waived fees and costs have been paid. Special rules apply to family law cases.
- The court can collect fees and costs due to the court.** If waived fees and costs are ordered paid to the trial court, the court can start collection proceedings and add a \$25 fee plus any additional costs of collection to the other fees and costs owed to the court.
- The fee waiver ends.** The fee waiver expires 60 days after the judgment, dismissal, or other final disposition of the case or earlier if a court finds that you are not eligible for a fee waiver.
- If you are in jail or state prison:** Prisoners may be required to pay the full cost of the filing fee in the trial court but may be allowed to do so over time.

# FW-001 Request to Waive Court Fees

**CONFIDENTIAL**

If you are getting public benefits, are a low-income person, or do not have enough income to pay for household's basic needs and your court fees, you may use this form to ask the court to waive all or part of your court fees. The court may order you to answer questions about your finances. If the court waives the fees, you may still have to pay later if:

- You cannot give the court proof of your eligibility,
- Your financial situation improves during this case, or
- You settle your civil case for **\$10,000** or more. The trial court that waives your fees will have a lien on any such settlement in the amount of the waived fees and costs. The court may also charge you any collection costs.

Clerk stamps date here when form is filed.

Fill in court name and street address:

Superior Court of California, County of \_\_\_\_\_

Fill in case number and name:

Case Number: \_\_\_\_\_

Case Name: \_\_\_\_\_

**1 Your Information** (person asking the court to waive the fees):

Name: \_\_\_\_\_  
 Street or mailing address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Phone number: \_\_\_\_\_

**2 Your Job**, if you have one (job title): \_\_\_\_\_

Name of employer: \_\_\_\_\_  
 Employer's address: \_\_\_\_\_

**3 Your Lawyer**, if you have one (name, firm or affiliation, address, phone number, and State Bar number): \_\_\_\_\_

- a. The lawyer has agreed to advance all or a portion of your fees or costs (check one): Yes  No
- b. (If yes, your lawyer must sign here) Lawyer's signature: \_\_\_\_\_  
 If your lawyer is not providing legal-aid type services based on your low income, you may have to go to a hearing to explain why you are asking the court to waive the fees.

**4 What court's fees or costs are you asking to be waived?**

- Superior Court (See Information Sheet on Waiver of Superior Court Fees and Costs (form FW-001-INFO).)  
 Supreme Court, Court of Appeal, or Appellate Division of Superior Court (See Information Sheet on Waiver of Appellate Court Fees (form APP-015/FW-015-INFO).)

**5 Why are you asking the court to waive your court fees?**

- a.  I receive (check all that apply):  Medi-Cal  Food Stamps  SSI  SSP  County Relief/General Assistance  IHSS (In-Home Supportive Services)  CalWORKS or Tribal TANF (Tribal Temporary Assistance for Needy Families)  CAPI (Cash Assistance Program for Aged, Blind and Disabled)
- b.  My gross monthly household income (before deductions for taxes) is less than the amount listed below. (If you check 5b you must fill out 7, 8 and 9 on page 2 of this form.)

Family Size	Family Income	Family Size	Family Income	Family Size	Family Income	If more than 6 people at home, add \$422.92 for each extra person.
1	\$1,215.83	3	\$2,061.46	5	\$2,907.30	
2	\$1,638.55	4	\$2,484.38	6	\$3,330.21	

- c.  I do not have enough income to pay for my household's basic needs and the court fees. I ask the court to (check one):  waive all court fees  waive some of the court fees  let me make payments over time (Explain): \_\_\_\_\_ (If you check 5c, you must fill out page 2.)

**6**  Check here if you asked the court to waive your court fees for this case in the last six months.

(If your previous request is reasonably available, please attach it to this form and check here:)

**I declare under penalty of perjury under the laws of the State of California that the information I have provided on this form and all attachments is true and correct.**

Date: \_\_\_\_\_

Print your name here \_\_\_\_\_

Sign here \_\_\_\_\_



Your name: \_\_\_\_\_

Case Number: \_\_\_\_\_

If you checked 5a on page 1, do not fill out below. If you checked 5b, fill out questions 7, 8, and 9 only. If you checked 5c, you **must** fill out this entire page. If you need more space, attach form MC-025 or attach a sheet of paper and write Financial Information and your name and case number at the top.

**7**  Check here if your income changes a lot from month to month. Fill out below based on your average income for the past 12 months.

**8 Your Monthly Income**  
a. Gross monthly income (before deductions): \$ \_\_\_\_\_  
List each payroll deduction and amount below:  
(1) \_\_\_\_\_ \$ \_\_\_\_\_  
(2) \_\_\_\_\_ \$ \_\_\_\_\_  
(3) \_\_\_\_\_ \$ \_\_\_\_\_  
(4) \_\_\_\_\_ \$ \_\_\_\_\_  
b. Total deductions (add 8a (1)-(4) above): \$ \_\_\_\_\_  
c. Total monthly take-home pay (8a minus 8b): \$ \_\_\_\_\_  
d. List the source and amount of any other income you get each month, including: spousal/child support, retirement, social security, disability, unemployment, military basic allowance for quarters (BAQ), veterans payments, dividends, interest, trust income, annuities, net business or rental income, reimbursement for job-related expenses, gambling or lottery winnings, etc.  
(1) \_\_\_\_\_ \$ \_\_\_\_\_  
(2) \_\_\_\_\_ \$ \_\_\_\_\_  
(3) \_\_\_\_\_ \$ \_\_\_\_\_  
(4) \_\_\_\_\_ \$ \_\_\_\_\_  
e. Your total monthly income is (8c plus 8d): \$ \_\_\_\_\_

**9 Household Income**  
a. List all other persons living in your home and their income; include only your spouse and all individuals who depend in whole or in part on you for support, or on whom you depend in whole or in part for support.

Name	Age	Relationship	Gross Monthly Income
(1) _____	_____	_____	\$ _____
(2) _____	_____	_____	\$ _____
(3) _____	_____	_____	\$ _____
(4) _____	_____	_____	\$ _____

b. Total monthly income of persons above: \$ \_\_\_\_\_

**Total monthly income and household income (8e plus 9b):** \$ \_\_\_\_\_

To list any other facts you want the court to know, such as unusual medical expenses, family emergencies, etc., attach form MC-025. Or attach a sheet of paper, and write Financial Information and your name and case number at the top. Check here if you attach another page.

**Important!** If your financial situation or ability to pay court fees improves, you must notify the court within five days on form FW-010.

**10 Your Money and Property**  
a. Cash \_\_\_\_\_ \$ \_\_\_\_\_  
b. All financial accounts (List bank name and amount):  
(1) \_\_\_\_\_ \$ \_\_\_\_\_  
(2) \_\_\_\_\_ \$ \_\_\_\_\_  
(3) \_\_\_\_\_ \$ \_\_\_\_\_  
(4) \_\_\_\_\_ \$ \_\_\_\_\_  
c. Cars, boats, and other vehicles

Make/Year	Fair Market Value	How Much You Still Owe
(1) _____	\$ _____	\$ _____
(2) _____	\$ _____	\$ _____
(3) _____	\$ _____	\$ _____

d. Real estate

Address	Fair Market Value	How Much You Still Owe
(1) _____	\$ _____	\$ _____
(2) _____	\$ _____	\$ _____
(3) _____	\$ _____	\$ _____

e. Other personal property (jewelry, furniture, furs, stocks, bonds, etc.):

Describe	Fair Market Value	How Much You Still Owe
(1) _____	\$ _____	\$ _____
(2) _____	\$ _____	\$ _____
(3) _____	\$ _____	\$ _____

**11 Your Monthly Expenses**  
(Do not include payroll deductions you already listed in 8b.)  
a. Rent or house payment & maintenance \$ \_\_\_\_\_  
b. Food and household supplies \$ \_\_\_\_\_  
c. Utilities and telephone \$ \_\_\_\_\_  
d. Clothing \$ \_\_\_\_\_  
e. Laundry and cleaning \$ \_\_\_\_\_  
f. Medical and dental expenses \$ \_\_\_\_\_  
g. Insurance (life, health, accident, etc.) \$ \_\_\_\_\_  
h. School, child care \$ \_\_\_\_\_  
i. Child, spousal support (another marriage) \$ \_\_\_\_\_  
j. Transportation, gas, auto repair and insurance \$ \_\_\_\_\_  
k. Installment payments (list each below):  
Paid to:  
(1) \_\_\_\_\_ \$ \_\_\_\_\_  
(2) \_\_\_\_\_ \$ \_\_\_\_\_  
(3) \_\_\_\_\_ \$ \_\_\_\_\_  
l. Wages/earnings withheld by court order \$ \_\_\_\_\_  
m. Any other monthly expenses (list each below): \$ \_\_\_\_\_  
Paid to: How Much?  
(1) \_\_\_\_\_ \$ \_\_\_\_\_  
(2) \_\_\_\_\_ \$ \_\_\_\_\_  
(3) \_\_\_\_\_ \$ \_\_\_\_\_

**Total monthly expenses (add 11a-11m above):** \$ \_\_\_\_\_

# FW-003 Order on Court Fee Waiver (Superior Court)

Clerk stamps date here when form is filed.

**1 Person who asked the court to waive court fees:**

Name: \_\_\_\_\_  
Street or mailing address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**2 Lawyer, if person in 1 has one (name, address, phone number, e-mail, and State Bar number):** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**3 A request to waive court fees was filed on (date):** \_\_\_\_\_

The court made a previous fee waiver order in this case on (date): \_\_\_\_\_

Fill in court name and street address:

Superior Court of California, County of \_\_\_\_\_

Fill in case number and case name:

Case Number: \_\_\_\_\_

Case Name: \_\_\_\_\_

**Read this form carefully. All checked boxes  are court orders.**

**Notice:** The court may order you to answer questions about your finances and later order you to pay back the waived fees. If this happens and you do not pay, the court can make you pay the fees and also charge you collection fees. If there is a change in your financial circumstances during this case that increases your ability to pay fees and costs, you must notify the trial court within five days. (Use form FW-010.) If you win your case, the trial court may order the other side to pay the fees. If you settle your civil case for **\$10,000** or more, the trial court will have a lien on the settlement in the amount of the waived fees. The trial court may not dismiss the case until the lien is paid.

**4 After reviewing your (check one):**  Request to Waive Court Fees  Request to Waive Additional Court Fees **the court makes the following orders:**

a.  The court **grants** your request, as follows:

- (1)  **Fee Waiver.** The court grants your request and waives your court fees and costs listed below. (*Cal. Rules of Court, rule 3.55.*) You do not have to pay the court fees for the following:
- Filing papers in Superior Court
  - Making copies and certifying copies
  - Sheriff's fee to give notice
  - Reporter's daily fee (*for up to 60 days following the fee waiver order at the court-approved daily rate*)
  - Preparing and certifying the clerk's transcript on appeal
  - Giving notice and certificates
  - Sending papers to another court department
  - Court-appointed interpreter in small claims court
- (2)  **Additional Fee Waiver.** The court grants your request and waives your additional superior court fees and costs that are checked below. (*Cal. Rules of Court, rule 3.56.*) You do not have to pay for the checked items.
- Jury fees and expenses
  - Fees for a peace officer to testify in court
  - Fees for court-appointed experts
  - Court-appointed interpreter fees for a witness
  - Reporter's daily fees (*beyond the 60-day period following the fee waiver order*)
  - Other (*specify*): \_\_\_\_\_
- (3)  **Fee Waiver for Appeal.** The court grants your request and waives the fees and costs checked below, for your appeal. (*Cal. Rules of Court, rules 3.55, 3.56, 8.26, and 8.818.*) You do not have to pay for the checked items.
- Preparing and certifying clerk's transcript for appeal
  - Other (*specify*): \_\_\_\_\_

Your name: \_\_\_\_\_

Case Number: \_\_\_\_\_

b.  The court **denies** your request, as follows:

**Warning!** If you miss the deadline below, the court cannot process your request for hearing or the court papers you filed with your original request. If the papers were a notice of appeal, the appeal may be dismissed.

(1)  The court **denies** your request because it is incomplete. You have **10 days** after the clerk gives notice of this order (see date below) to:  
• Pay your fees and costs, or  
• File a new revised request that includes the items listed below (*specify incomplete items*): \_\_\_\_\_

(2)  The court **denies** your request because the information you provided on the request shows that you are not eligible for the fee waiver you requested (*specify reasons*): \_\_\_\_\_

The court has enclosed a blank *Request for Hearing About Court Fee Waiver Order (Superior Court)*, form FW-006. You have **10 days** after the clerk gives notice of this order (see date below) to:

- Pay your fees and costs, or
- Ask for a hearing in order to show the court more information. (*Use form FW-006 to request hearing.*)

c.  The court needs more information to decide whether to grant your request. You must go to court on the date below. The hearing will be about (*specify questions regarding eligibility*): \_\_\_\_\_

Bring the following proof to support your request if reasonably available: \_\_\_\_\_

<b>Hearing Date</b> →	Date: _____	Time: _____	Name and address of court if different from page 1: _____
	Dept.: _____	Rm.: _____	

**Warning!** If item c is checked, and you do not go to court on your hearing date, the judge will deny your request to waive court fees, and you will have 10 days to pay your fees. If you miss that deadline, the court cannot process the court papers you filed with your request. If the papers were a notice of appeal, the appeal may be dismissed.

Date: \_\_\_\_\_

Signature of (check one):  Judicial Officer  Clerk, Deputy



**Request for Accommodations.** Assistive listening systems, computer-assisted real-time captioning, or sign language interpreter services are available if you ask at least 5 days before your hearing. Contact the clerk's office for *Request for Accommodation*, Form MC-410. (Civil Code, § 54.8.)

### Clerk's Certificate of Service

I certify that I am not involved in this case and (*check one*):  A certificate of mailing is attached.

I handed a copy of this order to the party and attorney, if any, listed in (1) and (2), at the court, on the date below.

This order was mailed first class, postage paid, to the party and attorney, if any, at the addresses listed in (1) and (2), from (city): \_\_\_\_\_, California on the date below.

Date: \_\_\_\_\_

Clerk, by \_\_\_\_\_, Deputy