

# **CALIFORNIA RURAL LEGAL ASSISTANCE, INC.**

## **UNLAWFUL DETAINER ANSWER PACKET**



**NOTE: This packet provides basic information regarding answering a complaint to an Unlawful Detainer. It does not provide a list of all of the various defenses that exist to an Unlawful Detainer and it should not be considered legal advice. If you are seeking legal advice regarding an Unlawful Detainer, you should consult with an attorney.**

Revised Dec. 17, 2019

# FILING YOUR UNLAWFUL DETAINER ANSWER

## **DON'T MISS YOUR DEADLINE TO FILE!**

**IF YOU DO NOT FILE AN ANSWER, YOU COULD BE EVICTED AS SOON AS ELEVEN DAYS AFTER BEING SERVED WITH THE SUMMONS AND COMPLAINT.**

You only have 5 DAYS, not counting Saturdays and Sundays and other court holidays to file an answer from the day that you are served. The day you were served with the complaint does not count - you begin counting on the next court business day. Weekends do not count. Court holidays do not count. *For example, if you were served on a Tuesday, you start counting your 5 days on Wednesday. Wednesday (1), Thursday (2), Friday (3), Monday (4), and Tuesday (5)-you have until Tuesday to file your answer.*

If you do not file your answer within the 5-day period, you can still try filing it, although it may be too late if the landlord has already filed a request for a default judgment because you did not file in time.

## **PREPARING YOUR PAPERS FOR FILING**

If you have access to the internet and a printer, you can prepare your answer and fee waiver forms on the California Courts' website <http://www.courts.ca.gov/forms.htm>, and print them out. Select "Fee Waiver" under the pull down tab labeled "Select A Group of Forms" for the fee waiver forms (Forms FW-001 and FW-003). Select "Unlawful Detainer (landlord/tenant)" for the answer form (Form UD-105).

If you do not have access to the internet and a printer, but do have access to a typewriter, you may want to type your answer form. However, all the local courts (Stockton, Manteca and Lodi) will accept NEAT handprinted answers.

### **STEP ONE:**

- Complete the answer form (instructions on following pages).

### **STEP TWO:**

- Have a copy of your completed answer mailed to the landlord or landlord's attorney and the proof of service completed (instructions at end of packet with blank proof of service form).

### **STEP THREE:**

- Complete the fee waiver forms if you are going to file a request for waiver of fees. (Information about waiver of fees and instructions for filling out the forms are included with blank forms at the end of the packet.)
- If you are not filing a request for waiver of fees or if your request is denied, you must pay the filing fee. (As of January 1, 2012, the filing fee for an answer is \$225 if the complaint does not demand more than \$10,000).

### **STEP FOUR:**

- Take the originals and copies of the above documents to the clerks' office of the courthouse listed on the complaint.

The hours of the local courts' clerks' offices (Stockton, Lodi and Manteca) are:

**Mon-Friday:** 8:00 AM – 5:00 PM  
*Phone Hours:* 8:00 AM – 5:00 PM

### HOW TO FILL OUT THE ANSWER

Attached to this packet are two blank copies of the Answer-Unlawful Detainer form and two blank copies of the Attachment form (if needed). Below is information regarding the different items listed on the form. You should pull out the blank form from the packet so you can look at it while you go over the information below.

### HOW TO FILL OUT THE PROOF OF SERVICE

Instructions for filling out the proof of service are attached at the back of this packet with two blank proof of service forms.

### HOW TO FILL OUT THE FEE WAIVER FORMS

Instructions for filling out the fee waiver forms are attached at the back of this packet with blank forms.

## FILLING OUT THE ANSWER

<b>TOP PORTION OF ANSWER FORM</b>	See attached *SAMPLE* Answer form with handwritten information.
<b>PARAGRAPH 1. "Defendant (each defendant for whom this answer is filed must be named and must sign this answer unless his or her attorney signs):"</b>	<b>NAME OF DEFENDANT(S)</b> <b>1.</b> Print your name and the name of any other named defendant filing the answer with you. (For example, if you are married and you and your spouse are named defendants and filing an answer together you will print both of your names here).
<b>PARAGRAPH 2. "Check ONLY ONE of the next two boxes:"</b>	<i>See Below</i>
<b>PARAGRAPH 2.a. "Defendant generally denies each statement of the complaint. (Do not check this box if the complaint demands more than \$1,000.)"</b>	<b>GENERAL DENIAL</b> <b>Box 2.a.</b> cannot be checked if your landlord says you owe more than \$1,000 in rent and damages.  (Note: if the landlord used the Judicial Council's form complaint, information about the rent and damages your landlord is claiming should be listed on page 3, paragraph 17.)
<b>PARAGRAPH 2.b. "Defendant admits that all of the statements of the complaint are true EXCEPT:"</b>	<b>SPECIFIC DENIAL</b> <b>Box 2.b.</b> should be checked if your landlord says you owe <u>more</u> than \$1,000 in rent and damages. If this is the case, <b>you must list the numbers of those paragraphs of the complaint you believe are false under 2.b.(1).</b> If you do not have enough

	information to answer or deny certain paragraphs you should list them under 2.b.(2).
<p><b>PARAGRAPH 3.a. “Plaintiff has breached the warranty to provide habitable premises.”</b></p> <ul style="list-style-type: none"> <li>• <b>(this defense applies ONLY IF THE COMPLAINT SAYS YOU OWE RENT)</b></li> </ul>	<p style="text-align: center;"><b>HABITABLE PREMISES</b></p> <p><b>CHECK Box 3.a.</b> if your landlord has not kept your house or apartment in good repair. This applies to situations in which you have serious problems in your unit that you or your guests did not cause. Some examples are if your rental substantially lacks any of the following (<b>NOTE: this list does not include every problem</b>):</p> <ul style="list-style-type: none"> <li>• Effective waterproofing and weather protection;</li> <li>• Proper plumbing or gas facilities;</li> <li>• Hot or cold running water with connection to sewage disposal system;</li> <li>• Proper heating facilities;</li> <li>• Proper lighting or wiring;</li> <li>• Clean grounds or adequate garbage cans;</li> <li>• Floors, stairways, or railings in good repair;</li> <li>• Locking mail receptacle for each unit if you live in a residential hotel.</li> <li>• Other serious problems which affect the livability of your place.</li> </ul>
<p><b>PARAGRAPH 3.b. “Defendant made needed repairs and properly deducted the cost from the rent, and plaintiff did not give proper credit.”</b></p> <ul style="list-style-type: none"> <li>• <b>(this defense applies ONLY IF THE COMPLAINT SAYS YOU OWE RENT)</b></li> </ul>	<p style="text-align: center;"><b>SELF REPAIRS</b></p> <p><b>Check Box 3.b.</b> if you requested that the landlord make repairs to conditions that made the unit unlivable and the landlord did not make the repair within a reasonable time after your request, you then made the needed repair, deducted the amount spent from your rent, and your landlord refused to give you credit for the repair.</p> <p><b>NOTE:</b> These repairs must correct <b>health</b> or <b>safety</b> problems. The amount of the cost for the repair must not be more than one month’s rent and you cannot do this more than two times in a 12 month period.</p> <p>A “reasonable time” to make the repairs depends on whether the problem is an emergency. For example, a non-working toilet – if it is the only toilet you have – needs immediate attention, but a non-working toilet in a unit with two toilets should be given more time to repair.</p>

<p><b>PARAGRAPH 3.c. “On (date), BEFORE the notice to pay or quit expired, defendant offered the rent due but plaintiff did not accept it.”</b></p> <ul style="list-style-type: none"> <li>• <b>(this defense applies ONLY IF THE COMPLAINT SAYS YOU OWE RENT)</b></li> </ul>	<p style="text-align: center;"><b>TRIED TO PAY IN FULL</b></p> <p><b>Check Box 3.c. and write the date you offered the rent,</b> if your landlord gave you a 3-day notice <i>and</i> you tried to pay your landlord the <i>FULL</i> amount of rent due during the 3-day Notice period, but the landlord refused to accept it. If you offered only <i>PART</i> of the rent due, <b>DO NOT</b> check this box.</p>
<p><b>PARAGRAPH 3.d. “Plaintiff waived, changed, or canceled the notice to quit.”</b></p>	<p style="text-align: center;"><b>NOTICE TO QUIT CHANGED OR CANCELLED</b></p> <p><b>Check Box 3.d.</b> if your landlord said he/she would not evict you after giving you a 3-Day, 30-Day, 60-Day or 90-Day notice <i>OR</i> if the landlord <i>CHANGED</i> the eviction notice such as telling you that he/she would give you more time to pay.</p>
<p><b>PARAGRAPH 3.e. “Plaintiff served defendant with the notice to quit or filed the complaint to retaliate against defendant.”</b></p>	<p style="text-align: center;"><b>RETALATION</b></p> <p><b>Check Box 3.e.</b> if you believe your landlord is evicting you for doing something you had a legal right to say or do. For example, the landlord may not evict you solely because you made a complaint to a governmental housing inspection agency about repairs that need to be made or complained to the landlord about the needed repairs.</p>
<p><b>PARAGRAPH 3.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 laws of the United States or California.”</b></p>	<p style="text-align: center;"><b>DISCRIMINATION</b></p> <p><b>Check Box 3.f.</b> if you believe the landlord is discriminating against you in violation of the law in evicting you. The law says your landlord cannot evict you because of your <b>RACE, COLOR, RELIGION, SEX, GENDER, GENDER IDENTITY, GENDER EXPRESSION, SEXUAL ORIENTATION, MARITAL STATUS, NATIONAL ORIGIN, ANCESTRY, AGE, DISABILITY (MENTAL AND/OR PHYSICAL), GENETIC INFORMATION, SOURCE OF INCOME, OR BECAUSE YOU HAVE OR ARE IN THE PROCESS OF HAVING CHILDREN (FAMILIAL STATUS).</b></p>

<p><b>PARAGRAPH 3.g. “Plaintiff’s demand for possession violates the local rent control or eviction control ordinance.”</b></p>	<p style="text-align: center;"><b>RENT CONTROL</b></p> <p><b>DO NOT CHECK Box 3.g. <u>NOTE:</u></b> There are no rent control laws in effect in San Joaquin County.</p>
<p><b>PARAGRAPH 3.h. “Plaintiff accepted rent from defendant to cover a period of time AFTER the date the notice to quit expired.”</b></p>	<p style="text-align: center;"><b>ACCEPTANCE OF RENT</b></p> <p><b>Check Box 3.h.</b> if your landlord accepted rent from you covering a period of time <u>after</u> the date the notice to quit expired.</p>
<p><b>PARAGRAPH 3.i. “Plaintiff seeks to evict defendant based on an act 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. <i>(This defense requires one of the following: (1) <u>a temporary restraining order, protective order, or police report that is not more than 180 days old; OR (2) a signed statement from a qualified third party (e.g., a doctor, domestic violence or sexual assault counselor, human trafficking caseworker, or psychologist) concerning the injuries or abuse resulting from these acts.</u></i>”</b></p>	<p style="text-align: center;"><b>DOMESTIC VIOLENCE</b></p> <p><b>Check Box 3.i.</b> if you believe your landlord is evicting you based on acts against you or a member of your household that constitute domestic violence, sexual assault, stalking, human trafficking, or abuse of an elder or dependent adult.</p> <p><b><u>NOTE:</u></b> 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; OR a signed statement from a qualified third party concerning the injuries or abuse resulting from these acts.</p>
<p><b>PARAGRAPH 3.j “Plaintiff seeks to evict defendant based on defendant or other 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.</b></p>	<p><b>Check Box 3.j.</b> if you believe your landlord is evicting you based on you or another person calling the police or emergency assistance by or on behalf of a victim of abuse, a victim of crime, or an individual in an emergency when you or another person believed assistance was necessary.</p>

<p><b>PARAGRAPH 3.k. “Other affirmative defenses are stated in item 3.l.”</b></p>	<p style="text-align: center;"><b>OTHER AFFIRMATIVE DEFENSES</b></p> <p><b>Check Box 3.k.</b> if you feel you have ANOTHER defense which is not listed above.</p> <p><b>NOTE:</b> If you mark this box you must list the specific defense you are claiming under 3.l. along with the facts supporting each defense.</p> <p>One example is if the landlord waived the breach/violation of the lease that is listed in the notice terminating your tenancy by accepting rent from you knowing that you had violated the lease.</p>
<p><b>PARAGRAPH 3.l. “Facts supporting affirmative defenses checked above (Identify facts for each item by its letter from page 1 below or on Form MC-025):”</b></p>	<p><b>Box 3.l.:</b> If you marked any of the affirmative defenses listed under 3.a. – 3.l., you must briefly list facts supporting <u>each</u> box you checked. Start by listing which box you checked and then list the facts supporting that defense. (For example, if you marked 3.a., in this space you would write “3.a.” and then briefly list the defects in your house or apartment along with any other facts you think support this defense.)</p> <p>If you need additional space, check the box that says “Description of facts is on MC-025, titled as Attachment 3.” See attached <b>*SAMPLE*</b> attachment with handwritten information for information on completing the attachment. (Included in this packet are two blank copies of form MC-025.)</p>
<p><b>PARAGRAPH 4.a. “Defendant vacated the premises on (date):”</b></p>	<p><b>Box 4.a.</b> should be checked if you moved out before you filed your answer. Be sure to include the date you moved out. Be sure to put your new address in the box at the top of the first page of the answer.</p>
<p><b>PARAGRAPH 4.b. “The fair rental value of the premises alleged in the complaint is excessive (explain below or on form MC-025):”</b></p>	<p><b>Box 4.b.</b> should be checked if you feel the amount of rent you were charged is too high because your landlord has not made needed repairs or because the landlord is claiming your monthly rent is more than you think it is. If you check this box you must also explain why you think it is excessive.</p> <p><b>(Note:</b> if your landlord used the Judicial Council’s form complaint, information about the alleged daily fair rental value is listed on page 3, paragraph 11. The daily fair rental value is usually calculated by dividing your monthly rent by 30.)</p>

<p><b>PARAGRAPH 4.c. “Other (specify below or on form MC-025 in attachment):”</b></p>	<p><b>Box 4.c.</b> should be checked if you have any other statements that you want to list here. (For example, if your eviction is based on non-payment of rent and the 3-day notice demands more rent than you owe, you can check this box and explain that the notice demands an incorrect and excessive amount.)</p>
<p><b>PARAGRAPH 5.d. “[DEFENDANT REQUESTS] 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.”</b></p>	<p><b>Box 5.d.</b> should be checked if you checked Box 3.a.</p>
<p><b>PARAGRAPH 6. “Number of pages attached:”</b></p>	<p><b>Box 6:</b> Put the number of pages attached to your answer, if any, here.</p>
<p><b>PARAGRAPH 7. Unlawful Detainer Assistant</b></p>	<p><b>Box 7:</b> Check the box preceding “did not” unless you have <u>paid</u> an unlawful detainer assistant to help you.</p>
<p><b>SECTION OF ANSWER FORM BELOW PARAGRAPH 7</b></p>	<p>See attached <b>*SAMPLE*</b> Answer form with handwritten information.</p>



**SAMPLE  
PAGES**

ATTORNEY OR PARTY WITHOUT ATTORNEY		STATE BAR NUMBER:	FOR COURT USE ONLY
NAME:	Your First/Last Name & Other Defendant(s) name		"Other Defendant (s)" means people that are going to file this Answer with you
FIRM NAME:	Your Street Address apt #		
STREET ADDRESS:	Your City, State, Zip Code		
CITY:	Your Phone #		
TELEPHONE NO.:			
E-MAIL ADDRESS:			
ATTORNEY FOR (name):			
SUPERIOR COURT OF CALIFORNIA, COUNTY OF			
STREET ADDRESS:	Copy this information from the complaint		
MAILING ADDRESS:			
CITY AND ZIP CODE:			
BRANCH NAME:			
Plaintiff:	Copy from the complaint		
Defendant:			
<b>ANSWER—UNLAWFUL DETAINER</b>			CASE NUMBER: Copy from Complaint

1. Defendant (each defendant for whom this answer is filed must be named and must sign this answer unless his or her attorney signs):  
 Your First/Last Name & Other Defendant(s)

answers the complaint as follows:  
 2. Check ONLY ONE of the next two boxes:  
 a.  Defendant generally denies (state paragraph numbers from the complaint or explain below or on form MC-025, titled as Attachment 2b(1).)  
 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, titled as Attachment 2b(1)).  Explanation is on MC-025, titled as Attachment 2b(1).

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

(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, titled as Attachment 2b(2)).  
 Explanation is on MC-025, titled as Attachment 2b(2).

Mark box "2.b.(2)" 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.

3. AFFIRMATIVE DEFENSES (NOTE: For each box checked, you must state brief facts to support it in item 3l (page 2).)  
 a.  (Nonpayment of rent only) Plaintiff has breached the warranty to provide habitable premises.  
 b.  (Nonpayment of rent only) Plaintiff was not in possession of the premises at the time the rent was due.  
 c.  (Nonpayment of rent only) Plaintiff was not in possession of the premises at the time the rent was due.  
 d.  Plaintiff was not in possession of the premises at the time the rent was due.  
 e.  Plaintiff was not in possession of the premises at the time the rent was due.  
 f.  By serving a writ of possession on defendant, the court has determined that the defendant is not entitled to possession.  
 g.  Plaintiff's ordinance is not enforceable.  
 (Also, brief facts to support this defense.)  
 h.  Plaintiff acted reasonably.  
 i.  Plaintiff acted reasonably.

Read through these statements ("3.a.-3.j.") and check the box(es) that apply. Refer to the previous page for the meaning of each statement. 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 not mark boxes, on the next page under 3.k. give the reasons you checked them.

constitutes domestic violence, sexual assault, stalking, human trafficking, or abuse of an elder or a dependent adult. (This defense requires one of the following: (1) a temporary restraining order, protective order, or police report that is not more than 180 days old; OR (2) a signed statement from a qualified third party (e.g., a doctor, domestic violence or sexual assault counselor, human trafficking caseworker, or psychologist) concerning the injuries or abuse resulting from these acts.)

CASE NUMBER:  
Copy from Complaint

3. AFFIRMATIVE DEFENSES (cont'd.)

j.  If you marked any "Affirmative Defenses in "3.a.k." on page 1, 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.

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

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 market value of the premises is  Ex  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 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 this proceeding.
- 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.

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: \_\_\_\_\_

Mark "6." and write # 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.  Mark "7" "did not" if an unlawful detainer assistant did not assist you with preparing this form
- 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 his or her 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)

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)

<b>SHORT TITLE:</b> Plaintiff Last Name or Business v. Defendant's Last Name	<b>CASE NUMBER.</b> Copy From Complaint
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**ATTACHMENT NUMBER:** \_\_\_\_\_

*(This Attachment may be used with any Judicial Council form.)*



For each paragraph on page 2 of your answer that you are explaining on this attachment, write the paragraph number here. For example, if you are providing information on 4c, write 4c. If you are providing information for 3k and 4b, write 3kj4b.

Write paragraph number and then facts information related to the paragraph.

Example:

3.a. My apartment has rats, the heater does not work, my ceiling leaks, etc.

**FILE OUT** ↘

*(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)*



**FW-001**

**Request to Waive Court Fees**

**CONFIDENTIAL**

*Clerk stamps date here when form is filed.*

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 use this form to ask the court to waive 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.

*Fill in court name and street address:*

Superior Court of California, County of

**COPY FROM COMPLAINT**

*Fill in case number and name:*

Case Number:

**COPY FROM COMPLAINT**

Case Name:

**COPY FROM COMPLAINT**

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

Name: **PRINT YOUR NAME**

Street or mailing address: **YOUR MAILING ADDRESS**

City: **CITY YOU GET YOUR MAIL** State: \_\_\_ Zip: \_\_\_

Phone: **YOUR PHONE NUMBER**

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

Name of employer: **FILL IN IF YOU ARE EMPLOYED, IF NOT PRINT "UNEMPLOYED"**

Employer's address: **FILL IN IF YOU ARE EMPLOYED, IF NOT PRINT "UNEMPLOYED"**

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

**LAWYER INFORMATION. IF NONE, PRINT "NONE"**

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; see form FW-001-INFO for definitions)*:  Food Stamps  Supp. Sec. Inc.  SSP  Medi-Cal  County Relief/Gen. Assist.  IHSS  CalWORKS or Tribal TANF  CAPI
- 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	<i>If more than 6 people at home, add \$460.42 for each extra person.</i>
1	\$1,301.05	3	\$2,221.88	5	\$3,142.71	
2	\$1,761.46	4	\$2,682.30	6	\$3,603.13	

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 and you must fill out page 2):*

- waive all court fees and costs  waive some of the court fees
- let me make payments over time

**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: **DATE WHEN SIGNED**

**PRINT YOUR NAME**

*Print your name here*

**\*\*\*\*SIGN HERE\*\*\*\***

*Sign here*



**CHECK THE BOX THAT APPLIES - CHECK ONLY ONE**

IF YOU CHECKED "5.a." ON PAGE ONE - DO NOT FILL THIS PAGE

Your name:

PRINT YOUR NAME

Case Number:

COPY FROM COMPLAINT

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. If it does, complete the form based on your average income for the past 12 months.

8 Your Gross Monthly Income

a. List the source and amount of any income you get each month, including: wages or other income from work before deductions, 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) \$

b. Your total monthly income: \$

9 Household Income

a. List the income of all other persons living in your home who depend in whole or in part on you for support, or on whom you depend in whole or in part for support.

Table with columns: Name, Age, Relationship, Gross Monthly Income. Rows (1) through (4).

b. Total monthly income of persons above: \$

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

\*\*\*IF YOU CHECK 5.b., FILL OUT #7, 8 AND 9 ABOVE\*\*

\*\*\*IF YOU CHECK 5.c., FILL OUT ENTIRE PAGE

10 Your Money and Property

- a. Cash \$
b. All financial accounts (List bank name and amount):
(1) \$
(2) \$
(3) \$

Table for cars, boats, and other vehicles with columns: Make / Year, Fair Market Value, How Much You Still Owe. Rows (1) through (3).

Table for real estate with columns: Address, Fair Market Value, How Much You Still Owe. Rows (1) through (2).

Table for other personal property with columns: Describe, Fair Market Value, How Much You Still Owe. Rows (1) through (2).

11 Your Monthly Deductions and Expenses

a. List any payroll deductions and the monthly amount below:

- (1) \$
(2) \$
(3) \$
(4) \$

- b. Rent or house payment & maintenance \$
c. Food and household supplies \$
d. Utilities and telephone \$
e. Clothing \$
f. Laundry and cleaning \$
g. Medical and dental expenses \$
h. Insurance (life, health, accident, etc.) \$
i. School, child care \$
j. Child, spousal support (another marriage) \$
k. Transportation, gas, auto repair and insurance \$

- l. Installment payments (list each below):
Paid to:
(1) \$
(2) \$
(3) \$

m. Wages/earnings withheld by court order \$

- n. Any other monthly expenses (list each below).
Paid to: How Much?
(1) \$
(2) \$
(3) \$

Total monthly expenses (add 11a - 11n above): \$

To list any other facts you want the court to know, such as unusual medical expenses, 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.

**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 mail \_\_\_\_\_  
City: \_\_\_\_\_ Zip: \_\_\_\_\_

**PRINT YOUR NAME AND ADDRESS**

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Fill in court name and street address:

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

**COPY FROM COMPLAINT**

**3 A request to waive court fees was filed on (date):** **DATE REQUEST FILED**

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

Fill in case number and name:

Case Number:

**COPY FROM COMPLAINT**

Case Name:

**COPY FROM COMPLAINT**

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:**  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, rules 3.55 and 8.818.) 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 fee for attendance at hearing or trial, if the court is not electronically recording the proceeding and you request that the court provide an official reporter
- Assessment for court investigations under Probate Code section 1513, 1826, or 1851
- Preparing, certifying, copying, and sending the clerk's transcript on appeal
- Holding in trust the deposit for a reporter's transcript on appeal under rule 8.130 or 8.834
- Making a transcript or copy of an official electronic recording under rule 8.835
- Court fee for phone hearing
- Giving notice and certificates
- Sending papers to another court department

(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 court-appointed experts
- Other (specify): \_\_\_\_\_
- Fees for a peace officer to testify in court
- Court-appointed interpreter fees for a witness



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

b.  The court **denies** your fee waiver request because:

**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)  Your request is incomplete. You have **10 days** after the clerk gives notice of this Order (see date of service  on next page) to:

- Pay your fees and costs, or
- File a new revised request that includes the incomplete items listed:
  - Below     On Attachment 4b(1)

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(2)  The information you provided on the request shows that you are not eligible for the fee waiver you requested for the reasons stated:  Below     On Attachment 4b(2)

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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 of service below) to:

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

c. (1)  The court needs more information to decide whether to grant your request. You must go to court on the date on page 3. The hearing will be about the questions regarding your eligibility that are stated:  Below     On Attachment 4c(1)

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(2)  Bring the items of proof to support your request, if reasonably available, that are listed:  Below     On Attachment 4c(2)

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**This is a Court Order.**

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

**YOUR NAME**

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

**COPY FROM COMPLAINT**

Name and address of court if different from above: \_\_\_\_\_

**Hearing Date**

Date: \_\_\_\_\_ Time: \_\_\_\_\_  
Dept.: \_\_\_\_\_ Room: \_\_\_\_\_

**Warning!** If item c(1) 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 five days before the hearing. Contact the clerk's office for *Request for Accommodations by Persons With Disabilities and Response* (form MC-410). (Civ. Code, § 54.8.)

**Clerk's Certificate of Service**

I certify that I am not involved in this case and (check one):

- 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.
- A certificate of mailing is attached.

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

Clerk, by \_\_\_\_\_, Deputy  
Name: \_\_\_\_\_

**This is a Court Order.**

# FORMS

ATTORNEY OR PARTY WITHOUT ATTORNEY NAME: FIRM NAME: STREET ADDRESS: CITY: STATE: ZIP CODE: TELEPHONE NO.: FAX NO.: E-MAIL ADDRESS: ATTORNEY FOR (name): <b>SUPERIOR COURT OF CALIFORNIA, COUNTY OF</b> STREET ADDRESS: MAILING ADDRESS: CITY AND ZIP CODE: BRANCH NAME:	<b>FOR COURT USE ONLY</b>
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 3l (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 3l 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 an act against defendant or a member of defendant's household that constitutes domestic violence, sexual assault, stalking, human trafficking, or abuse of an elder or a dependent adult. (This defense requires one of the following: (1) a temporary restraining order, protective order, or police report that is not more than 180 days old; OR (2) a signed statement from a qualified third party (e.g., a doctor, domestic violence or sexual assault counselor, human trafficking caseworker, or psychologist) concerning the injuries or abuse resulting from these acts.)

CASE NUMBER: \_\_\_\_\_

3. AFFIRMATIVE DEFENSES (cont'd)

- j.  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.
- k.  Other affirmative defenses are stated in item 3l.
- l. Facts supporting affirmative defenses checked above (*identify facts for each item by its letter below or on form MC-025*):
  - Description of facts is on MC-025, titled as Attachment 3l.

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 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 his or her attorney signs.)

\_\_\_\_\_  
(TYPE OR PRINT NAME)

\_\_\_\_\_  
(TYPE OR PRINT NAME)

▶ \_\_\_\_\_  
(SIGNATURE OF DEFENDANT OR ATTORNEY)

▶ \_\_\_\_\_  
(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:  
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**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)*

# 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 your household's basic needs and your court fees, you may use this form to ask the court to waive 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: \_\_\_\_\_

**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; see form FW-001-INFO for definitions):  Food Stamps  Supp. Sec. Inc.  
 SSP  Medi-Cal  County Relief/Gen. Assist.  IHSS  CalWORKS or Tribal TANF  CAPI
- 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 \$460.42 for each extra person.
1	\$1,301.05	3	\$2,221.88	5	\$3,142.71	
2	\$1,761.46	4	\$2,682.30	6	\$3,603.13	

- 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 and you **must** fill out page 2):
- waive all court fees and costs  waive some of the court fees  
 let me make payments over time

**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. If it does, complete the form based on your average income for the past 12 months.

8 Your Gross Monthly Income

a. List the source and amount of any income you get each month, including: wages or other income from work before deductions, 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) \$

b. Your total monthly income: \$

9 Household Income

a. List the income of all other persons living in your home who depend in whole or in part on you for support, or on whom you depend in whole or in part for support.

Table with columns: Name, Age, Relationship, Gross Monthly Income. Rows 1-4.

b. Total monthly income of persons above: \$

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

10 Your Money and Property

a. Cash \$

b. All financial accounts (List bank name and amount):

- (1) \$
(2) \$
(3) \$

c. Cars, boats, and other vehicles

Table with columns: Make/Year, Fair Market Value, How Much You Still Owe. Rows 1-3.

Table with columns: Address, Fair Market Value, How Much You Still Owe. Rows 1-2.

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

Table with columns: Describe, Fair Market Value, How Much You Still Owe. Rows 1-2.

11 Your Monthly Deductions and Expenses

a. List any payroll deductions and the monthly amount below:

- (1) \$
(2) \$
(3) \$
(4) \$

b. Rent or house payment & maintenance \$

c. Food and household supplies \$

d. Utilities and telephone \$

e. Clothing \$

f. Laundry and cleaning \$

g. Medical and dental expenses \$

h. Insurance (life, health, accident, etc.) \$

i. School, child care \$

j. Child, spousal support (another marriage) \$

k. Transportation, gas, auto repair and insurance \$

l. Installment payments (list each below): Paid to:

- (1) \$
(2) \$
(3) \$

m. Wages/earnings withheld by court order \$

n. Any other monthly expenses (list each below): Paid to: How Much?

- (1) \$
(2) \$
(3) \$

Total monthly expenses (add 11a-11n above): \$

To list any other facts you want the court to know, such as unusual medical expenses, 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.



# 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, firm 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 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:  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 and 8.818.*) 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 fee for attendance at hearing or trial, if the court is not electronically recording the proceeding and you request that the court provide an official reporter
  - Assessment for court investigations under Probate Code section 1513, 1826, or 1851
  - Preparing, certifying, copying, and sending the clerk's transcript on appeal
  - Holding in trust the deposit for a reporter's transcript on appeal under rule 8.130 or 8.834
  - Making a transcript or copy of an official electronic recording under rule 8.835
  - Court fee for phone hearing
  - Giving notice and certificates
  - Sending papers to another court department
- (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  
 Other (specify): \_\_\_\_\_

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

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

b.  The court **denies** your fee waiver request because:

**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)  Your request is incomplete. You have **10 days** after the clerk gives notice of this Order (see date of service on next page) to:

- Pay your fees and costs, or
- File a new revised request that includes the incomplete items listed:
  - Below
  - On Attachment 4b(1)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(2)  The information you provided on the request shows that you are not eligible for the fee waiver you requested for the reasons stated:  Below  On Attachment 4b(2)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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 of service below) to:

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

c. (1)  The court needs more information to decide whether to grant your request. You must go to court on the date on page 3. The hearing will be about the questions regarding your eligibility that are stated:

- Below
- On Attachment 4c(1)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(2)  Bring the items of proof to support your request, if reasonably available, that are listed:

- Below
- On Attachment 4c(2)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**This is a Court Order.**

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

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

Name and address of court if different from above:  
\_\_\_\_\_



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

Dept.: \_\_\_\_\_ Room: \_\_\_\_\_

**Warning!** If item c(1) 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 five days before the hearing. Contact the clerk's office for *Request for Accommodations by Persons With Disabilities and Response* (form MC-410). (Civ. Code, § 54.8.)

### Clerk's Certificate of Service

I certify that I am not involved in this case and (check one):

- 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.
- A certificate of mailing is attached.

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

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

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

**This is a Court Order.**

PROOF OF SERVICE BY MAIL  
(Code of Civil Procedure section 1013a)

1. I am over the age of 18 and not a party to this lawsuit. I am a resident of or employed in the county where the mailing occurred. My residence or business address is:

---

*Street Address* *City* *State* *Zip*

2. I mailed a copy of Answer-Unlawful Detainer  
*Title or Name of Document*

By placing it in a sealed envelope with the postage fully prepaid and depositing the envelope in the United States mail in the following manner:

- a. Date of Mailing \_\_\_\_\_
- b. City and State of Mailing \_\_\_\_\_
- c. The envelope was addressed as follows: (Write the name and full address of landlord or landlord's attorney as show on the complaint.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct. Executed on \_\_\_\_\_, at \_\_\_\_\_, California.

\_\_\_\_\_  
Print Name (of person who placed  
Envelope in mailbox)

\_\_\_\_\_  
Signature of person who placed the envelope  
in the mailbox)