| ATTORNEY OR PARTY WITHOUT ATTO | RNEY STATE BAR NUMBER: | FOR COURT USE ONLY | |
|----------------------------------|---|---|--|
| NAME: | | | |
| FIRM NAME: | | | |
| STREET ADDRESS: CITY: | STATE: ZIP CO |)DE- | |
| TELEPHONE NO.: | FAX NO.: | <i>70</i> L. | |
| E-MAIL ADDRESS: | | | |
| ATTORNEY FOR (name): | | | |
| SUPERIOR COURT OF CALIF | FORNIA, COUNTY OF | | |
| STREET ADDRESS: | | | |
| MAILING ADDRESS: | | | |
| CITY AND ZIP CODE: BRANCH NAME: | | | |
| Plaintiff: | | | |
| Defendant: | | | |
| Defendant. | | 0.05 1111050 | |
| AN | SWER—UNLAWFUL DETAINER | CASE NUMBER: | |
| • | ant for whom this answer is filed must be | named and must sign this answer unless his or her attorney | |
| signs): | | | |
| | | | |
| answers the complaint as | e follows: | | |
| | | | |
| | | plaint. (Do not check this box if the complaint demands more than | |
| \$1,000.) | icially defined each statement of the comp | idint. (Do not check this box if the complaint demands more than | |
| | nits that all of the statements of the compl | aint are true EXCEPT | |
| | · | mplaint are false (state paragraph numbers from the complaint | |
| | elow or on form MC-025): | Explanation is on MC-025, titled as Attachment 2b(1). | |
| , | | | |
| | | | |
| | | | |
| | | wing statements of the complaint are true, so defendant denies | |
| | te paragraph numbers from the complaint | | |
| EX | planation is on MC-025, titled as Attachmo | ant 2D(2). | |
| | | | |
| | | | |
| | • | nust state brief facts to support it in item 3I (page 2).) | |
| | of rent only) Plaintiff has breached the wa | | |
| b. (Nonpayment of not give prope | | airs and properly deducted the cost from the rent, and plaintiff did | |
| | of rent only) On (date): | before the notice to pay or quit expired, defendant offered | |
| | ut plaintiff would not accept it. | | |
| | d, changed, or canceled the notice to quit. | the complaint to retaliate against defendant. | |
| | | complaint to retailate against defendant. | |
| | olation of the Constitution or the laws of the | | |
| g. Plaintiff's dema | and for possession violates the local rent | control or eviction control ordinance of (city or county, title of | |
| ordinance, and | d date of passage): | | |
| - | tate in item 3I the facts showing violation o | · | |
| h. Plaintiff accept | Plaintiff accepted rent from defendant to cover a period of time after the date the notice to quit expired. | | |
| | | et defendant or a member of defendant's household that | |
| | | numan trafficking, or abuse of an elder or a dependent adult. (The | |
| | | restraining order, protective order, or police report that is not om a qualified third party (e.g., a doctor, domestic violence or | |
| | | or psychologist) concerning the injuries or abuse resulting from | |

these acts.)

| | | CASE NUMBER: |
|------------------|--|--|
| | | |
| 3. A | AFFIRMATIVE DEFENSES (cont'd.) | |
| j. k. | j. Plaintiff seeks to evict defendant based on defendant or another person callin ambulance) by or on behalf of a victim of abuse, a victim of crime, or an indivious the other person believed that assistance was necessary. k. Other affirmative defenses are stated in item 31. | |
| I. | | its letter below or on form MC-025): |
| | Description of facts is on MC-025, titled as Attachment 3/. | |
| 4. O a. b. | | plain below or on form MC-025): |
| C. | c. Other (specify below or on form MC-025 in attachment): Other statements are on MC-025, titled as Attachment 4c. | |
| a. | d. that plaintiff be ordered to (1) make repairs and correct the conditions that cor habitable premises and (2) reduce the monthly rent to a reasonable rental val | |
| 7. <i>(N</i> | Number of pages attached: UNLAWFUL DETAINER ASSISTANT (Bus. & Prof. Code, §§ 6400 (Must be completed in all cases.) An unlawful detainer assistant did not assistance with this form. (If defendant has received any help or advice for pay from an a. assistant's name: b. telephone num | did for compensation give advice of unlawful detainer assistant, state): |
| C. | | |
| | d. county of registration: e. registration number: | f. expiration date: |
| (Eacl | ch defendant for whom this answer is filed must be named in item 1 and must sign this a | answer unless his or her attorney signs.) |
| | <u> </u> | |
| | (TYPE OR PRINT NAME) (SIGNATU | RE OF DEFENDANT OR ATTORNEY) |
| |) | |
| | | RE OF DEFENDANT OR ATTORNEY) |
| | VERIFICATION (Use a different verification form if the verification is by an attorney or for a common the defendant in this proceeding and have read this answer. I declare under penalty of lifornia that the foregoing is true and correct. Date: | |
| | (TYPE OR PRINT NAME) (SIG | NATURE OF DEFENDANT) |