

HOW TO FILE AN ANSWER TO AN UNLAWFUL DETAINER COMPLAINT PACKET

Civil Law

What you will find in this packet:

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

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

Superior Court of California, County of Contra Costa

Interpreter Request

If you need an interpreter, please complete the form below and submit it to any Filing Window or courtroom.

Case Number: _____

Case Type:

- | | |
|---|---|
| <input type="checkbox"/> Criminal | <input type="checkbox"/> Small Claims – (\$12,500 or less) |
| <input type="checkbox"/> Traffic | <input type="checkbox"/> Civil - <input type="checkbox"/> \$25,000 <input type="checkbox"/> over \$25,000 |
| <input type="checkbox"/> Civil Harassment | <input type="checkbox"/> Civil – Other _____ |
| <input type="checkbox"/> Conservatorship | <input type="checkbox"/> Family Law |
| <input type="checkbox"/> Proceedings to terminate parental rights | <input type="checkbox"/> Unlawful Detainer |
| <input type="checkbox"/> Dependent Adult Abuse | <input type="checkbox"/> Guardianship |
| <input type="checkbox"/> Juvenile | <input type="checkbox"/> Elder Abuse |

Party Requesting Interpreter: _____

Is interpreter for a witness? ☐ Yes ☐ No

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

Date of Hearing: _____ Time of Hearing: _____

Department: _____ Location: ☐ Martinez ☐ Pittsburg ☐ Richmond ☐ Walnut Creek

Language Needed: ☐ Spanish ☐ Mandarin ☐ Cantonese ☐ Vietnamese

☐ Other: _____

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

Current information about this program is available at our website:

www.cc-courts.org/interpreter

Superior Court of California, County of Contra Costa

Solicitud Para Intérprete

Si necesita un intérprete, favor completar este formulario y presentarlo en cualquier ventanilla para archivar documentos o con la secretaria del tribunal.

Número de Caso: _____

Tipo de Caso:

- | | |
|--|--|
| <input type="checkbox"/> Criminal | <input type="checkbox"/> Demanda Civil – (\$12,500 o menos) |
| <input type="checkbox"/> Tráfico | <input type="checkbox"/> Demanda Civil -
<input type="checkbox"/> \$25,000 <input type="checkbox"/> más de \$25,000 |
| <input type="checkbox"/> Acoso Civil | <input type="checkbox"/> Civil – otro tipo _____ |
| <input type="checkbox"/> Conservador | <input type="checkbox"/> Casos de Familia |
| <input type="checkbox"/> Casos para Terminar Derechos de Madre o Padre | <input type="checkbox"/> Juicio de Desalojo |
| <input type="checkbox"/> Abuso de Adultos Incapacitados | <input type="checkbox"/> Tutela |
| <input type="checkbox"/> Tribunal de Menores | <input type="checkbox"/> Abuso de Personas Mayores |

Persona que Necesita Intérprete: _____

☐ Marque aquí si esta persona es un testigo

Número Telefónico: _____

Fecha de la Audiencia Judicial: _____ Hora: _____

Departamento: _____ Ciudad: ☐ Martinez ☐ Pittsburg ☐ Richmond ☐ Walnut Creek

Idioma Solicitado: ☐ Español ☐ Mandarín ☐ Cantonés ☐ Vietnamita

☐ Otro Idioma: _____

Para evitar la posibilidad que su audiencia sea aplazada, favor the presentar este formulario al menos una semana antes de la fecha de su audiencia.

Información actualizada acerca de este servicio se encuentra en nuestra página web:
www.cc-courts.org/interpreter

Superior Court of California, County of Contra Costa

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

(Limited Jurisdiction)

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

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

Corte Superior del Estado de California, Condado de Contra Costa

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

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

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

- answers the complaint as follows.

- a. ☐ **General Denial** (Do not check this box if the complaint demands more than \$1,000.)
Defendant generally denies each statement of the complaint.
- b. ☐ **Specific Denials** (Check this box and complete (1) and (2) below if complaint demands more than \$1,000.)
Defendant admits that all 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, if more room needed, on form MC-025*):

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

- 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. ☐ (*Nonpayment of rent only*) Plaintiff's demand for possession is based on nonpayment of rent due more than one year ago.
- e. ☐ Plaintiff waived, changed, or canceled the notice to quit.
- f. ☐ Plaintiff served defendant with the notice to quit or filed the complaint to retaliate against defendant.

PLAINTIFF: DEFENDANT:	CASE NUMBER:
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3. g. ☐ 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.
- h. ☐ 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 3t the facts showing violation of the ordinance.)
- i. ☐ Plaintiff's demand for possession is subject to the Tenant Protection Act of 2019, Civil Code section 1946.2 or 1947.12, and is not in compliance with the act. (*Check all that apply and briefly state in item 3t the facts that support each.*)
- (1) ☐ Plaintiff failed to state a just cause for termination of tenancy in the written notice to terminate.
- (2) ☐ Plaintiff failed to provide an opportunity to cure any alleged violations of terms and conditions of the lease (other than payment of rent) as required under Civil Code section 1946.2(c).
- (3) ☐ Plaintiff failed to comply with the relocation assistance requirements of Civil Code section 1946.2(d).
- (4) ☐ Plaintiff has raised the rent more than the amount allowed under Civil Code section 1947.12, and the only unpaid rent is the unauthorized amount.
- (5) ☐ Plaintiff violated the Tenant Protection Act in another manner that defeats the complaint.
- j. ☐ Plaintiff accepted rent from defendant to cover a period of time after the date the notice to quit expired.
- k. ☐ Plaintiff seeks to evict defendant based on an act—against defendant, defendant's immediate family member, or a member of defendant's household—that constitutes domestic violence, sexual assault, stalking, human trafficking, abuse of an elder or a dependent adult, or a crime that caused bodily injury, involved a deadly weapon, or used force or threat of force. (*This defense requires one of the following, which may be included with this form: (1) a temporary restraining order, protective order, or police report that is not more than 180 days old; (2) a signed statement from a qualified third party (e.g., a doctor, domestic violence or sexual assault counselor, human trafficking caseworker, psychologist, or a victim of violent crime advocate concerning the injuries or abuse resulting from these acts); or (3) another form of documentation or evidence that verifies that the abuse or violence occurred.*)
- (1) ☐ The abuse or violence was committed by a person who does not live in the dwelling unit.
- (2) ☐ The abuse or violence was committed by a person who lives in the dwelling unit and defendant claims protection from eviction under Code of Civil Procedure section 1161.3(d)(2).
- l. ☐ Plaintiff seeks to evict defendant based on defendant or another person calling the police or emergency assistance (e.g., ambulance) by or on behalf of a victim of abuse, a victim of crime, or an individual in an emergency when defendant or the other person believed that assistance was necessary.
- m. ☐ Plaintiff's demand for possession of a residential property is based on nonpayment of rent or other financial obligations and (*check all that apply*)
- (1) ☐ plaintiff received or has a pending application for rental assistance from a governmental rental assistance program or some other source relating to the amount claimed in the notice to pay rent or quit. (Health & Saf. Code, §§ 50897.1(d)(2)(B) and 50897.3(e)(2).)
- (2) ☐ plaintiff received or has a pending application for rental assistance from a governmental rental assistance program or some other source for rent accruing since the notice to pay rent or quit. (Health & Saf. Code, §§ 50897.1(d)(2)(B) and 50897.3(e)(2).)
- (3) ☐ plaintiff's demand for possession is based only on late fees for defendant's failure to provide landlord payment within 15 days of receiving governmental rental assistance. (Health & Saf. Code, § 50897.1(e)(2)(B).)
- n. ☐ Plaintiff violated a local COVID-19–related ordinance regarding evictions (*briefly state facts describing this in item 3t*).
- o. ☐ The property is covered by the federal CARES Act and the plaintiff did not provide 30 days' notice to vacate.
(*Property covered by the CARES Act means property where the landlord*
- *is participating in a covered housing program as defined by the Violence Against Women Act (34 U.S.C. § 12491(a));*
 - *is participating in the rural housing voucher program under section 542 of the Housing Act of 1949 (34 U.S.C. § 12491); or*
 - *has a federally backed mortgage loan or a federally backed multifamily mortgage loan.*
- p. ☐ Before October 1, 2025, plaintiff improperly applied payments made by defendant in a tenancy that was in existence between March 1, 2020, and September 30, 2021 (Code Civ. Proc., § 1179.04.5), as follows (*check all that apply*):
- (1) ☐ Plaintiff applied a security deposit to rent, or other financial obligations due, without tenant's written agreement.
- (2) ☐ Plaintiff applied a monthly rental payment to rent or other financial obligations that were due between March 1, 2020, and September 30, 2021, other than to the prospective month's rent, without tenant's written agreement.



PLAINTIFF: DEFENDANT:	CASE NUMBER:
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3. q. ☐ Plaintiff refused to accept payment from a third party for rent due. (Civ. Code, § 1947.3; Gov. Code, § 12955.)
- r. ☐ Defendant has a disability and plaintiff refused to provide a reasonable accommodation that was requested. (Cal. Code Regs., tit. 2, § 12176(c).)
- s. ☐ Other defenses and objections are stated in item 3t.
- t. *(Provide facts for each item checked above, either below or, if more room needed, on form MC-025):*
☐ Description of facts or defenses are on form MC-025, titled as Attachment 3t.

4. OTHER STATEMENTS

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

5. DEFENDANT REQUESTS

- a. that plaintiff take nothing requested in the complaint.
- b. costs incurred in this proceeding.
- c. ☐ reasonable attorney fees.
- 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 form MC-025, titled as Attachment 5e.

6. ☐ Pages attached *(specify number of pages)*:



PLAINTIFF: DEFENDANT:	CASE NUMBER:
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UNLAWFUL DETAINER ASSISTANT (Bus. & Prof. Code, §§ 6400–6415)

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

- a. assistant's name: b. telephone number:
- c. street address, city, and zip code:
- d. county of registration: e. registration number: f. expiration date:

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

_____	▶ _____
(TYPE OR PRINT NAME)	(SIGNATURE OF DEFENDANT OR ATTORNEY)
_____	▶ _____
(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:	▶ _____
_____	(SIGNATURE OF DEFENDANT)
(TYPE OR PRINT NAME)	
Date:	▶ _____
_____	(SIGNATURE OF DEFENDANT)
(TYPE OR PRINT NAME)	
Date:	▶ _____
_____	(SIGNATURE OF DEFENDANT)
(TYPE OR PRINT NAME)	

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

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

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

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

A person over 18 years of age must serve the documents. There are two main ways to serve documents:

(1) by personal delivery and (2) by mail. Certain documents must be personally served. You must determine whether personal service is required for a document. Use the *Proof of Personal Service—Civil* (form POS-020) if the documents were personally served.

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

INSTRUCTIONS FOR THE PERSON WHO SERVED THE DOCUMENTS

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

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

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

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

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

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

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

Complete items 1–5 as follows:

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

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

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)*:

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:

Date:

(SIGNATURE OF PERSON COMPLETING THIS FORM)



NEED EVICTION ASSISTANCE?

The Contra Costa County's Self-Help Center offers free eviction assistance to self-represented litigants.

If you need help, you can contact the Self-Help Center by emailing us at selfhelpcivil@contracosta.courts.ca.gov or by leaving us a voicemail at (925) 608-2128.

When you send us an email or leave a message, you MUST include the following:

- your name,
- your zip code,
- the name of the other party,
- your case number (if you have one),
- a brief description of your issue, and
- your contact information (phone number and email address).

All Self-Help assistance is via email or telephone; we are not currently offering in-person assistance.

SCOPE OF SERVICES:

You must not have an attorney in order to use the services of the Self-Help Center. Staff in the Self-Help Center can provide legal assistance to help you represent yourself in your court case, but cannot give you legal advice. If you want legal or strategic advice, you should speak to a private attorney outside the court. **Self-Help Center staff members are not your attorneys.** Self-Help Center staff members do not go to court with you and they are not responsible for the outcome of your case.



¿Necesita ayuda con un desalojo?

El Centro de Autoayuda del Condado de Contra Costa ofrece asistencia gratuita para desalojos de litigantes que se representan a si mismos.

Si necesita ayuda puede comunicarse con el Centro de Autoayuda enviándonos un correo electrónico a: selfhelpcivil@contracosta.courts.ca.gov o dejándonos un mensaje al (925) 608-2128.

Si nos envía un correo electrónico o deja un mensaje **DEBE** incluir lo siguiente:

- su nombre,
- su código postal,
- el nombre del otro partido,
- su número de caso (si lo tiene),
- una breve descripción de su problema, y
- su información de contacto (numero de teléfono y correo electrónico).

Toda la asistencia de autoayuda es por correo electrónico o por teléfono, actualmente no ofrecemos asistencia en persona.

ALCANCE DE LOS SERVICIOS:

No debe tener un abogado para utilizar los servicios del Centro de autoayuda. El personal del Centro de autoayuda puede brindarle asistencia legal para ayudarlo a representarse a sí mismo en su caso judicial, pero no puede brindarle asesoramiento legal. Si desea asesoramiento legal o estratégico, debe hablar con un abogado privado fuera del tribunal.

Los miembros del personal del Centro de autoayuda no son sus abogados. Los miembros del personal del centro de autoayuda no vayas a la corte contigo y no son responsables del resultado de su caso.