SUPERIOR COURT OF CALIFORNIA COUNTY OF SAN DIEGO

UNLAWFUL DETAINER ANSWER PACKET



FORMS INCLUDED IN THIS PACKET		
Unlawful Detainer Answer Packet Instructions	SDSC Form #CIV-241	
Shriver – Housing You May Be Eligible	SDSC Form #ADM-305	
Answer – Unlawful Detainer	Judicial Council Form #UD-105	
Cover Sheet for Declaration of COVID-19- Related Financial Distress	Judicial Council Form #UD-104	
Attachment- Declaration of COVID-19- Related Financial Distress	Judicial Council Form #UD-104(A)	
Proof of Service by First-Class Mail	Judicial Council Form #POS-030	

Court of Calling A

SUPERIOR COURT OF CALIFORNIA, COUNTY OF SAN DIEGO

CENTRAL DIVISION, HALL OF JUSTICE, 330 W. BROADWAY, SAN DIEGO, CA 92101

UNLAWFUL DETAINER ANSWER PACKET INFORMATION

An unlawful detainer is a lawsuit in which a landlord tries to evict a tenant because according to the landlord, the tenant no longer has the right to live on the property. This is also called an eviction. This packet contains the forms that may be used to answer an unlawful detainer matter and a brief description of the steps involved in the process.

<u>Please be advised that court employees may not give legal advice</u>. 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 may be found on the Superior Court's website at www.sdcourt.ca.gov, and the Judicial Council's self-help website, www.sdcourt.ca.gov, and the Judicial Council's self-help website, www.sdcourt.ca.gov/selfhelp-housing.htm.

READ ALL INSTRUCTIONS CAREFULLY BEFORE FILLING OUT ANY FORMS

KEY TERMS & DEFINITIONS

TERM	DEFINITION	
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.	
Service	The delivery of copies of legal documents to the opposing party or other person to whom the documents are directed.	
Default	Failure of a party to respond to a lawsuit, or to follow proper procedure to prevent entry of a judgment against them.	
Judgment	The official decision of the court stating which party won and the terms of the decision.	
Writ	A court order authorizing the Sheriff to enforce and satisfy the judgment by levying on real or personal property.	

FEES

A fee is required to file an answer or respond to the Unlawful Detainer. To determine the amount of the fee, refer to the Fee Schedule (SDSC Form #ADM-001), may be found on the Superior Court's website at www.sdcourt.ca.gov.

WHAT IF I CANNOT AFFORD THE COURT FEES?

If you cannot afford to pay the court fees, you may request the court waive all or some filing fees or costs by applying fo a fee waiver. Refer to the Information Sheet on Waiver of Superior Court Fees and Costs (JC Form #FW-001-INFO) for additional information. To request a fee waiver, complete the Request to Waive Court Fees (JC Form #FW-001) and Order on Court Fee Waiver (JC Form #FW-003). Submit the fee waiver with your response to the court. These forms are available in the clerk's office or on the Judicial Council website at www.courts.ca.gov/forms/htm.

COMPLETING FORMS

It is recommended that you type or print responses within the forms in black or blue-black ink.

FORM	ACTION
Answer – Unlawful Detainer (JC Form #UD-105)	 Complete front and back of the form. Multiple defendants may file an answer together; however, each person answering must date, sign and pay a filing fee, or file their own fee waiver. Make two copies of this form.
 Cover Sheet for Declaration of COVID-19 – Related Financial Distress (JC Form #UD-104) Attachment – Declaration of COVID-19 – Related Financial Distress (JC Form #UD-104(A)) 	Complete these forms to file a declaration of COVID-19 – related financial distress, if a plaintiff has filed an unlawful detainer action against the defendant and asserts that a defendant did not deliver a declaration within the required 15-day period after service of a notice demanding payment of rent or other financial obligations.

Page 1 of 2

COMPLETING
FORMS, cont.

FORM	ACTION
Proof of Service By First-Class Mail (JC Form #POS-030)	 Have someone over 18 years of age that is not a party to the case, complete this form. The person who signs the form is stating under penalty of perjury that they have mailed a copy of the Answer to the <u>plaintiff</u> or the <u>plaintiff</u>'s attorney. Make two copies of this form.
 Request to Waive Court Fees (JC Form #FW-001) Order on Court Fee Waiver (JC Form #FW-003) 	 Complete these forms if you cannot afford to pay the court fees and are requesting to have the court fees waived. Refer to the Information Sheet on Waiver of Court Fees and Costs (JC Form #FW-001-INFO). Each defendant who signs the Answer must pay a filing fee or submit their own fee waiver. Make a copy of each form.

DISTRIBUTING COPIES

What to do with your completed documents:

- Take your original documents to the civil business office to be filed.
- Also bring one set of <u>copies</u> with your original documents so the clerk can file-stamp (conform) them for you to keep for your records.
- Have a copy of the Answer and Proof of Service served on the plaintiff or the plaintiff's attorney (see Service section below).

SERVICE

Once you have completed the forms, you are required to notify the other side that you intend to answer or respond. This is called service of process, or serving, which simply means giving a copy of your answer and proof of service to the plaintiff or plaintiff's attorney, if they have one. You cannot do this yourself, but anyone who is over the age of 18 who is not a party to the case can serve the papers for you. You may also have a registered process server serve these papers, but you should be aware that they charge a fee for this service. The person who serves the plaintiff or the plaintiff's attorney needs to complete a Proof of Service (see above), and give it to you so you can file it with the court.

FILING AT THE COURT

How to file documents with the court:

- Take your original documents and copies to the civil business office to be filed.
- Pay the appropriate filing fee for <u>each</u> person that signed the Answer, OR
- File a fee waiver for <u>each</u> person that signed the Answer. The clerk will file-stamp your copies and return them to you.

TRIAL NOTIFICATION

Once the trial date has been set, you will be notified by mail. It is your responsibility to keep the court informed of your current address.

If a party to this case will need an interpreter for a hearing, an Interpreter Request/Cancellation Form (SDSC Form #ADM-348) must be submitted. More information may be found on the court's website at www.sdcourt.ca.gov.

YOU MAY BE ELIGIBLE FOR A <u>FREE</u> LAWYER TO ADVISE AND/OR REPRESENT YOU IN YOUR UNLAWFUL DETAINER CASE

Call the number below to see if you are eligible:

1-866-244-0101

IT IS IMPORTANT TO CALL IMMEDIATELY. YOU ONLY HAVE 10 CALENDAR DAYS AFTER THE SERVICE OF THE SUMMONS AND COMPLAINT TO FILE A WRITTEN RESPONSE.

Low-income parties may be eligible for free legal representation in unlawful detainer cases in the Central Division of the San Diego Superior Court.

Funding for this program is made possible by the Sargent Shriver Civil Counsel Act (Gov. Code, § 68650 et seq.)

SDSC ADM-305 (Rev. 1/25)

SHRIVER - HOUSING YOU MAY BE ELIGIBLE

USTED PODRÍA RECIBIR LOS SERVICIOS <u>GRATUITOS</u> DE UN ABOGADO QUE LO REPRESENTE Y/O ASESORE EN SU CAUSA DE DESALOJO.

Llame al número a continuación para ver si usted califica:

1-866-244-0101

¡ES IMPORTANTE QUE LLAME INMEDIATAMENTE! SOLO TIENE 10 DÍAS CALENDARIOS A PARTIR DE LA NOTIFICACIÓN DE LA DEMANDA Y LA ORDEN DE COMPARECENCIA PARA PRESENTAR SU RESPUESTA POR ESCRITO.

Las personas de escasos recursos podrían calificar para recibir representación legal gratuita en causas de desalojo en el Tribunal Superior de San Diego, División Central.

Los fondos para este programa los provee Sargent Shriver Civil Counsel Act (Gov. Code, § 68650 et seq.)

SDSC ADM-305 S (Rev. 1/25)

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, State Bar number, and address):	FOR COURT USE ONLY
TELEPHONE NO.: FAX NO.: EMAIL ADDRESS: ATTORNEY FOR (Name):	
SUPERIOR COURT OF CALIFORNIA, COUNTY OF SAN DIE CENTRAL DIVISION, HALL OF JUSTICE, 330 W. BROADWAY, S	
PLAINTIFF: DEFENDANT:	
ANSWER—UNLAWFUL DETA	INER CASE NUMBER:
Defendant (all defendants for whom this answer is filed must	t be named and must sign this answer unless their attorney signs):
 Allegations—Unlawful Detainer (form UD-101). b. Specific Denials (Check this box and complete (1 Defendant admits that all the statements of the cor Unlawful Detainer (form UD-101) are true EXCEPT (1) Denial of Allegations in Complaint (form UD-100) 	complaint and of Mandatory Cover Sheet and Supplemental) and (2) below if complaint demands more than \$1,000.) mplaint and of Mandatory Cover Sheet and Supplemental Allegations— cropposite to the complaint of unlawful detainer) complaint are false (state paragraph numbers from the complaint or MC-025):
	ollowing statements of the complaint are true, so defendant denies int or explain below or, if more room needed, on form MC-025): Attachment 2b(1)(b).
 (a) Defendant did not receive plaintiff's Mand not checked, complete (b) and (c), as app (b) Defendant claims the following statements on N Detainer (form UD-101) are false (state paragra 	and Supplemental Allegations—Unlawful Detainer (form UD-101) atory Cover Sheet and Supplemental Allegations (form UD-101). (If propriate.) Idandatory Cover Sheet and Supplemental Allegations—Unlawful sph numbers from form UD-101 or explain below or, if more room is on form MC-025, titled as Attachment 2b(2)(b).

UD-105

	PLAINTIFF:			CASE NUMBER:	
DE	DEFENDANT:				
2.	b. (2) (c) Defendant has no information or belief that the following statements on <i>Mandatory Cover Sheet and Supplemental Allegations—Unlawful Detainer</i> (form UD-101) are true, so defendant denies them (state paragraph numbers from form UD-101 or explain below or, if more room needed, on form MC-025): Explanation is on form MC-025, titled as Attachment 2b(2)(c).				
3.	то	DEFENSES AND OBJECTIONS (NOTE: For each box checked, you must state brief facts to support it in item 3t (on page 3) or, if more room is needed, on form MC-025. You can learn more about defenses and objections at www.courts.ca.gov/selfhelp-eviction.htm)			
	a.		(Nonpayment of rent only) Plaintiff has breached the warranty to provide habi	table premises.	
	b.		(Nonpayment of rent only) Defendant made needed repairs and properly ded not give proper credit.	ucted the cost from the rent, and plaintiff did	
	C.		(Nonpayment of rent only) On (date): before the not the rent due but plaintiff would not accept it.	ice to pay or quit expired, defendant offered	
	d.		(Nonpayment of rent only) Plaintiff's demand for possession is based on nonp	payment 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 retalin	_	
	g.		By serving defendant with the notice to quit or filing the complaint, plaintiff is a defendant in violation of the Constitution or the laws of the United States or Ca		
	h.	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 to payment of rent) as required under Civil Code section 1946.2(c).	erms and conditions of the lease (other than	
		(3)	Plaintiff failed to comply with the relocation assistance requirements of Ci	vil Code section 1946.2(d).	
		(4) [Plaintiff has raised the rent more than the amount allowed under Civil Corent is the unauthorized amount.	de section 1947.12, and the only unpaid	
		(5)	Plaintiff violated the Tenant Protection Act in another manner that defeats	s 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 of defendant's household—that constitutes domestic violence, sexual assault, stalking, human traff of an elder or a dependent adult, or a crime that caused bodily injury, involved a deadly weapon, or used fo force. (This defense requires one of the following, which may be included with this form: (1) a temporary reorder, protective order, or police report that is not more than 180 days old; (2) a signed statement from third party (e.g., a doctor, domestic violence or sexual assault counselor, human trafficking caseworker, ps a victim of violent crime advocate concerning the injuries or abuse resulting from these acts); or (3) another documentation or evidence that verifies that the abuse or violence occurred.)			Il assault, stalking, human trafficking, abuse d a deadly weapon, or used force or threat of a this form: (1) a temporary restraining (2) a signed statement from a qualified man trafficking caseworker, psychologist, or		
		(1)	The abuse or violence was committed by a person who does not live in the	ne dwelling unit	
		(2)	The abuse or violence was committed by a person who lives in the dwelli	_	
		(-) [from eviction under Code of Civil Procedure section 1161.3(d)(2).	G	
	<i>I</i> .		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 indivithe other person believed that assistance was necessary.		
	m.		Plaintiff's demand for possession of a residential property is based on nonpayand (check all that apply)	ment of rent or other financial obligations	
		(1) [plaintiff received or has a pending application for rental assistance from a some other source relating to the amount claimed in the notice to pay rent §§ 50897.1(d)(2)(B) and 50897.3(e)(2).)		

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Р	LAINTIFF:	CASE NUMBER:	
DEF	ENDANT:		
3. r	m. (2) plaintiff received or has a pending application for rental assistance from a governmental rental assistance program o 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 15 days of receiving governmental rental assistance. (Hea		
r	n. Plaintiff violated the COVID-19 Tenant Relief Act (Code Civ. Proordinance regarding evictions in some other way (briefly state)		
C	o. The property is covered by the federal CARES Act and the plain	ntiff 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 to is participating in the rural housing voucher program under so has a federally backed mortgage loan or a federally backed n 	ection 542 of the Housing Act of 1949; or	
þ	 Plaintiff improperly applied payments made by defendant in a to September 30, 2021 (Code Civ. Proc., § 1179.04.5), as follows 		
	(1) Plaintiff applied a security deposit to rent, or other financia	l obligations due, without tenant's written agreement.	
	(2) Plaintiff applied a monthly rental payment to rent or other fand September 30, 2021, other than to the prospective months.	inancial obligations that were due between March 1, 2020, onth's rent, without tenant's written agreement.	
C	q. Plaintiff refused to accept payment from a third party for rent du	ue. (Civ. Code, § 1947.3; Gov. Code, § 12955.)	
r	 Defendant has a disability and plaintiff refused to provide a rea (Cal. Code Regs., tit. 2, § 12176(c).) 	sonable accommodation that was requested.	
5	s. Other defenses and objections are stated in item 3t.		
t	. (Provide facts for each item checked above, either below or, if more in the provided part of pacts or defenses are on form MC-025, titled as		
4. (OTHER STATEMENTS		
	a. Defendant vacated the premises on (date):		
ı	 The fair rental value of the premises alleged in the complaint is form MC-025). 	s excessive (explain below or, il more room needed, on	
	Explanation is on form MC-025, titled as Attachment 4b		
Ć	Other (specify below or, if more room needed, on form MC-025) Other statements are on form MC-025, titled as Attachr		
á	DEFENDANT REQUESTS a. that plaintiff take nothing requested in the complaint. b. costs incurred in this proceeding.		

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PLAINTIFF:	CASE NUMBER:
DEFENDANT:	
	pairs and correct the conditions that constitute a breach of the warranty to provide monthly rent to a reasonable rental value until the conditions are corrected.
e. Other (specify below or on form MC-0	<i>25):</i> n form MC-025, titled as Attachment 5e.
All other requests are stated of	Horm MC-023, titled as Attachment 3e.
6. Number of pages attached:	
·	
	IER ASSISTANT (Bus. & Prof. Code, §§ 6400–6415)
 (Must be completed in all cases.) An unlawful of assistance with this form. If defendant has received. 	letainer assistant did not did for compensation give advice or ved 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:
	>
(TYPE OR PRINT NAME)	(SIGNATURE OF DEFENDANT OR ATTORNEY)
	•
(TYPE OR PRINT NAME)	(SIGNATURE OF DEFENDANT OR ATTORNEY)
	X
(TYPE OR PRINT NAME)	(SIGNATURE OF DEFENDANT OR ATTORNEY)
(=	VERIFICATION
(Use a different verification form if t	he verification is by an attorney or for a corporation or partnership.)
·	ead this answer. I declare under penalty of perjury under the laws of the State of
California that the foregoing is true and correct.	and the thought recorded and of portary and of the laws of the otatio of
Date:	
	N .
(TYPE OR PRINT NAME)	(SIGNATURE OF DEFENDANT)
Data	(GIGINATURE OF BET ENBART)
Date:	
	<u> </u>
(TYPE OR PRINT NAME)	(SIGNATURE OF DEFENDANT)
Date:	
	N.
(TYPE OR PRINT NAME)	(SIGNATURE OF DEFENDANT)

	00-104	
ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, State Bar number, and address):	FOR COURT USE ONLY	
TELEPHONE NO.: FAX NO. (Optional):		
EMAIL ADDRESS:		
ATTORNEY FOR (Name):		
SUPERIOR COURT OF CALIFORNIA, COUNTY OF SAN DIEGO CENTRAL DIVISION, HALL OF JUSTICE, 330 W. BROADWAY, SAN DIEGO, CA 92101		
CENTIVE BIVIOLOT, TIMEE OF COURSE, COC W. BIVONDWITT, CHIV BIEGO, CHOZIOT		
PLAINTIFF:		
DEFENDANT:		
COVER SHEET FOR DECLARATION OF	CASE NUMBER:	
COVID-19-RELATED FINANCIAL DISTRESS		
Information for Defendant		
A defendant tenant may use this form to file a declaration of COVID-19–related financial	distress with the court if a plaintiff has filed	
an unlawful detainer action against the defendant and asserts that a defendant did not de	liver a declaration within the required 15-day	
period after service of a notice demanding payment of rent or other financial obligations.	Code Civ. Proc., § 1179.03(n).)	
For information about legal resources that may be available and to learn about other protection federal or local law, go to lawhelpca.org or https://landlordtenant.dre.ca.gov/ .	ections that may be available to you under	
• The signed declaration (you may use form LID-104(Δ)) must be filed within 5 days at	ter the summons and legal naners in the	
 The signed declaration (you may use form UD-104(A)) must be filed within 5 days after the summons and legal papers in the case are served on you, not counting Saturdays, Sundays, and other judicial holidays. This is the same time frame in which you must file an answer or other response to the complaint. 		
If the declaration is filed within the time frame described above, the case against you	*	
 hearing to determine if there was good cause for your not delivering the declaration The court will provide a notice of the time and place of the hearing to all plaintiffs 		
At the hearing, you may explain why you did not deliver this to the landlord in the		
• If the court finds that your failure to provide the declaration was due to mistake, ir	•	
neglect, the court will dismiss the case against you.		
• Written filings with the court must be provided in English. (Code Civ. Proc., §185 (a).	•	
 If attaching a non-English-language declaration provided by the landlord, you show version, either a copy that was given to you by the landlord or one from <u>landlord</u> 		
You can attach a translation of the declaration instead, if signed by the translator.	teriani.ure.ca.gov/teriani/romis.num .	
 Defendant (name): has attached a declaration of COVID-19–related financial distress to this form, signed 	by defendant.	
Number of pages attached, including signed declaration (specify):		
Date:		
L		
(TYPE OR PRINT NAME)	(SIGNATURE OF DEFENDANT OR ATTORNEY)	
,		

		UD-10	
ATTORNEY OR PARTY WITHOUT ATTORNEY (N	iame, State Bar number, and address):	FOR COURT USE ONLY	
TELEPHONE NO.: EMAIL ADDRESS: ATTORNEY FOR (Name):	FAX NO. (Optional):		
SUPERIOR COURT OF CALIFOR CENTRAL DIVISION, HALL OF JUS	NIA, COUNTY OF SAN DIEGO TICE, 330 W. BROADWAY, SAN DIEGO, CA 92101		
PLAINTIFF: DEFENDANT:			
	CLARATION OF COVID-19-RELATED IANCIAL DISTRESS	CASE NUMBER:	
Review the in	formation on form UD-104 to learn more about	when to file this form.	
I am currently unable to pay my following:	rent or other financial obligations under the lea	ase in full because of one or more of the	
1. Loss of income caused by	the COVID-19 pandemic.		
2. Increased out-of-pocket ex	penses directly related to performing essential	work during the COVID-19 pandemic.	
3. Increased expenses directly	3. Increased expenses directly related to health impacts of the COVID-19 pandemic.		
 Childcare responsibilities or responsibilities to care for an elderly, disabled, or sick family member directly related to the COVID-19 pandemic that limit my ability to earn income. 			
Increased costs for childcare or attending to an elderly, disabled, or sick family member directly related to the COVID-19 pandemic.			
6. Other circumstances relate	6. Other circumstances related to the COVID-19 pandemic that have reduced my income or increased my expenses.		
	unemployment insurance, pandemic unemplo I have received since the start of the COVID-19 I expenses.		
I declare under penalty of perju	ry under the laws of the State of California that	the foregoing is true and correct.	
Date:	_		

(TYPE OR PRINT NAME)

(SIGNATURE)

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, State Bar number, and address):	FOR COURT USE ONLY	
TELEPHONE NO.: FAX NO. (Optional):		
EMAIL ADDRESS:		
ATTORNEY FOR (Name):		
SUPERIOR COURT OF CALIFORNIA, COUNTY OF SAN DIEGO CENTRAL DIVISION, HALL OF JUSTICE, 330 W. BROADWAY, SAN DIEGO, CA 92101		
PETITIONER/PLAINTIFF:	-	
RESPONDENT/DEFENDANT:		
	CASE NUMBER:	
PROOF OF SERVICE BY FIRST-CLASS MAIL—CIVIL		
(Do work was this Broad of Committee to show a mide of a Committee to	and Operation()	
(Do not use this Proof of Service to show service of a Summons		
 I am over 18 years of age and not a party to this action. I am a resident of or employed took place. 	ed in the county where the mailing	
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 Ma (form POS-030(D)).	ail—Civil (Documents Served)	
4. I served the documents by enclosing them in an envelope and <i>(check one):</i>		
a. depositing the sealed envelope with the United States Postal Service with the	e 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 by First-Class Mail—Civil (Persons Served) (POS-030(P)).	in the Attachment to Proof of Service	
I declare under penalty of perjury under the laws of the State of California that the foregoing	g is true and correct.	
Date:		
L		
(SIGNA)	THE OF DEDSON 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.

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

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

<u>Second box, left side</u>: 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.

<u>Third box, left side</u>: 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.

<u>Second box, right side</u>: 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.