ATTORNEY OR PA	ARTY WITHOUT ATTORNEY		FOR COURT USE ONLY		
NAME		STATE BAR NO			
FIRM NAME					
ADDRESS					
CITY _		STATE ZIP CODE			
E-MAIL ADDRESS	(Optional):	TELEPHONE NO.			
ATTORNEY FO	DR (Name):	FAX NO. (Optional):			
SUPERIOR	R COURT OF CALIFORNIA, COUNTY OF				
STREET ADD	DRESS				
MAILING ADD	DRESS				
CITY AND ZIP	CODE				
BRANCH	NAME				
PLAINTIFF:					
DEFENDANT:					
	ANSWER-UNLAWFUL DET	AINER	CASE NUMBER		
1. Defendant signs):	t (each defendant for whom this answer is ffled	must be named and must sign this ans	wer unless his or her attorney		
answers t	the complaint as follows:				
2. Check Of	NLY ONE of the next two boxes:				
а. 🖳	Defendant generally denies each statement of	the complaint. (Do not check this box it	f the complaint demands more		
ш	than \$1,000.)				
b	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(I). (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. AFFIRMAT	IVE DEFENSES (NOTE: For each box checke	ed, you must state brief facts to support	it in item 3k (top of page 2).)		
а. 🔲	(nonpayment of rent only) Plaintiff has breach				
b	(nonpayment of rent only) Defendant made ne	eded repairs and properly deducted the	cost from the rent, and plaintiff did		
с. 🔲	not give proper credit. (nonpayment of rent only) On (date):	hefore the notice to r	pay or quit expired, defendant		
U	offered the rent due but plaintiff would not acc		our or quit expired, deteridant		
d. 🔲	Plaintiff waived, changed, or canceled the not	- -			
е. 🔲	Plaintiff served defendant with the notice to q				
f	By serving defendant with the notice to quit or	-			
9.	defendant in violation of the Constitution or the Plaintiff's daim and for possession violates the ordinance, and date of passage):				
. \square	(Also, briefly state in item 3k the facts showing	•			
h	Plaintiff accepted rent from defendant to cover	r a period of time after the date the notice	ce to quit expired.		
1.	Plaintiff seeks to evict defendant based on ac domestic violence, sexual assault, or stalking. than 180 days old is required naming you or y	(A temporaty restraining order, protective	ve order, or police report not more		
, \square	Other affirmative defenses are stated in item (

vs	
	UD-105
	CASE NUMBER
3. AFFIRMATIVE DEFENSES (cont'd)	
k. Facts supporting affirmative defenses checked abov on form MC-025):	re (identify facts for each item by its letter from page 1 below or
Description of facts is on MC-025, titled as Af	ttachment 3k.
4. OTHER STATEMENTS a. Defendant vacated the premises on (date): b. The fair rental value of the premises alleged in Explanation is on MC-025, titled as At	in the complaint is excessive (explain <i>below or on form MC-025):</i> ttachment 4b.
c. Other (specify below or on form MC-025 in att Other statements are on MC-025, title	
	and correct the conditions that constitute a breach of the warranty to provide nly rent to a reasonable rental value until the conditions are corrected.
Number of pages attached: UNLAWFUL DETAINER ASSIST	ANT (Bus. & Prof. Code §§ 6400-6415)
7. (Must be completedin all cases.) An unlawful detainer a assistance with this form. (If defendant has received an a. Assistant's name:	assistant did not did for compensation give advice or by help or advice for pay from an unlawful detainer assistant, state: b. Telephone No.:
c. Street address, city, and zip code:	
	e. Registration No.: f. Expires on (date): med in item 1 and must sign this answer unless his or her attorney signs.)
(TYPE OR PRINT NAME)	(SIGNATURE OF DEFENDANT OR ATTORNEY)
(TYPE OR PRINT NAME)	(SIGNATURE OF DEFENDANT OR ATTORNEY)
	RIFICATION
(Use a different verification form if the verifical	tion is by an attorney or for a corporation or partnership.) nswer. I declare under penalty of perjury under the laws of the State of
(TYPE OR PRINT NAME)	(SIGNATURE OF DEFENDANT)
,	(

				MC-025
SHORT TITLE:		CASE NUMBER		
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Attachment are made unde	ler penalty of perjury.)		(Add pages a	as required)

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