

GUIDE TO FILING A “GENERAL DENIAL” ANSWER

Note: This packet should be accompanied by the “Service and Proof of Service Packet” from Centro Legal De La Raza.

This packet will help guide you in filing a simple answer to an eviction lawsuit. This answer is one quick step you can do to defend yourself against an eviction lawsuit, but it is not enough. A “general denial,” as it is known, does not include any defenses and is not appropriate for all cases. After filing a “general denial,” you should contact a legal services office for assistance filing an amended answer. This will allow you to better defend yourself in court. Please follow this step-by-step guide carefully!

INSTRUCTIONS

Step 1: Prepare Your Answer

On page 1 of the Judicial Council Form UD-105, fill out the following:

Fill these fields with your contact information.

Insert the names of the plaintiff and defendant as they appear in the complaint.

Check this paragraph, (2)(a), to generally deny the allegations in the complaint.

ATTORNEY OR PARTY WITHOUT ATTORNEY		STATE BAR NUMBER	UD-105	
NAME:				FOR COURT USE ONLY
FORM NAME:				
STREET ADDRESS:				
CITY:	STATE:	ZIP CODE:		
TELEPHONE NO.:	FAX NO.:			
EMAIL ADDRESS:				
ATTORNEY FOR (name):				
SUPERIOR COURT OF CALIFORNIA, COUNTY OF				
STREET ADDRESS:				
MAILING ADDRESS:				
CITY AND ZIP CODE:				
BRANCH NAME:				
PLAINTIFF:				
DEFENDANT:				
ANSWER—UNLAWFUL DETAINDER			CASE NUMBER:	

Insert the case number as it appears in the complaint

1. Defendant (all defendants for whom this answer is filed must be named and must sign this answer unless their attorney signs):

answers the complaint as follows:

2. **DENIALS (Check ONLY ONE of the next two boxes.)**

a. **General Denial** (Do not check this box if the complaint demands more than \$1,000.)
Defendant generally denies each statement of the complaint and of the Mandatory Cover Sheet and Supplemental Allegations—Unlawful Detainer (form UD-101).

b. **Specific Denials** (Check this box and complete (1) and (2) below if complaint demands more than \$1,000.)
Defendant admits that all of the statements of the complaint and of the Mandatory Cover Sheet and Supplemental Allegations—Unlawful Detainer (form UD-101) are true EXCEPT:

(1) **Denial of Allegations in Complaint (Form UD-100 or Other Complaint for Unlawful Detainer)**
(a) Defendant claims the following statements of the complaint are false (state paragraph numbers from the complaint explain below or, if more room needed, on form MC-025):
 Explanation is on form MC-025, titled as Attachment 2b(1)(a).

(b) 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):
 Explanation is on form MC-025, titled as Attachment 2b(1)(b).

(2) **Denial of Allegations in Mandatory Cover Sheet and Supplemental Allegations—Unlawful Detainer (form UD-101)**

(a) Defendant did not receive plaintiff's Mandatory Cover Sheet and Supplemental Allegations (form UD-101). (If not checked, complete (b) and (c), as appropriate.)

(b) Defendant claims the statements in the Verification required for issuance of summons—residential, item 3 of plaintiff's Mandatory Cover Sheet and Supplemental Allegations (form UD-101), are false.

(c) Defendant claims the following statements on the Mandatory Cover Sheet and Supplemental Allegations—Unlawful Detainer (form UD-101) are false (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).

On page 5 of the Judicial Council Form UD-105, fill out the following:

UD-105

PLAINTIFF: DEFENDANT:	CASE NUMBER:
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5. e. Other (specify below or on form MC-025):
 All other requests are stated on form 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 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: _____

(TYPE OR PRINT NAME) (SIGNATURE OF DEFENDANT)

Date: _____

(TYPE OR PRINT NAME) (SIGNATURE OF DEFENDANT)

Date: _____

(TYPE OR PRINT NAME) (SIGNATURE OF DEFENDANT)

UD-105 (Rev. April 14, 2022) ANSWER—UNLAWFUL DETAINER Page 5 of 5

Mark the "did not" box unless you received help from an unlawful detainer assistant.

List the names of each defendant co-filing this document. Have them sign as well.

List the names of each defendant co-filing this document. Have them sign under penalty of perjury that everything in this document is accurate.

Step 2: Serve Your Answer

See instructions on serving your Answer in the "Service and Proof of Service Packet" from Centro Legal De La Raza.

Step 3: File Your Answer

You may file your answer at either:

René C. Davidson Courthouse
 1225 Fallon St.
 Oakland, California 94612

Hayward Hall of Justice
 24405 Amador St.
 Hayward, CA 94544

Step 3: Schedule an Appointment to File an Amended Answer

Again, a general denial does not include any defenses and is not appropriate for all cases.

How to get an answer form? You can either [print a copy](#) at home, or you can request a copy at either Rene C. Davidson Courthouse or the Hayward Hall of Justice. If requesting a copy from the court, go to the civil filing window, and ask the clerk to provide with UD-105 and a Fee Waiver.

GUIDE TO FILING A FEE WAIVER

Certain people are not required to pay court filing fees. If you are receiving public benefits or do not have enough income to pay filing fees, you should file this form to request that the court waive your fees. Be sure to file this form along with your Answer. (Note: Do not serve this form on the other side.) If you are not fee waiver eligible, you will need to pay a \$225 filing fee. If you are not sure whether you are fee waiver eligible, file this form to find out.

See Instructions – Page 1

FW-001
Request to Waive Court Fees

If you are getting public benefits, are a low-income person, or do not have enough income to pay for household's basic needs, use this form to ask the court to waive all or part of the 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.

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

Name: _____

Street or mailing address: _____

City: _____ State: ____ Zip: _____

Phone number: _____

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

Name of employer: _____

Employer's address: _____

3 Your Lawyer (name, 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 Instructions for details)
 Supreme Court, Court of Appeal, or Court of Appellate Court Fees

5 Why are you asking the court to waive the fees?

a. I receive (check all that apply):
 Public Assistance IHSS (In-Home Supportive Services)
 Supplemental Security Income (SSI) State Disability Insurance (SDI)
 Unemployment Insurance (UI) Other (Specify): _____

b. My gross monthly household income is less than the amount shown in the table 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
1	\$1,215.63	3	\$2,061.46	5	\$2,907.30
2	\$1,638.55	4	\$2,484.38	6	\$3,330.21

If more than 6 people at home, add \$422.92 for each extra person.

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): waive all court fees waive some of the court fees let me make payments over time (Explain): _____

6 I check here if you ask for a fee waiver in this case in the last 6 months. Attach that request if you have it and check the second box.

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: Write Today's Date here Print Your Name here Sign Here

Print your name here Sign here

CONFIDENTIAL

Clerk stamps date here when form is filed.

SAMPLE ONLY

Do not fill out this form

Write in the court address here

Write your Case Number here

Write your Case Name here

Fill in case number and name:
Case Number: _____
Case Name: _____
(number, and State Bar number): _____

Print Your Name here

Case Number:

Your name: _____

Write your Case Number here

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. Fill out below based on your average income for the past 12 months.

8 Your Monthly Income

a. Gross monthly income (before deductions): \$ _____
 List each payroll deduction and amount below:
 (1) _____ \$ _____
 (2) _____ \$ _____
 (3) _____ \$ _____
 (4) _____ \$ _____

b. Total deduction \$ _____

c. Total monthly take home pay \$ _____

d. List the source of your income for each month, including wages, salary, pension, social security, disability, unemployment, interest, dividends, annuities, rental income, annuities, and other income, including reimbursements, and other income, including lottery winnings, etc.

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

e. Your total monthly income is (8c plus 8d): \$ _____

9 Household Income

a. List all other persons living in your home and their income; include only your spouse and all individuals who depend in whole or in part on you for support, or on whom you depend in whole or in part for support.

Name	Age	Relationship	Gross Monthly Income
(1) _____	_____	_____	\$ _____
(2) _____	_____	_____	\$ _____
(3) _____	_____	_____	\$ _____
(4) _____	_____	_____	\$ _____

b. Total monthly income of persons above: \$ _____

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

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

10 Your Money and Property

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

c. Other personal property (jewelry, furniture, cars, stocks, bonds, etc.):

Describe	Fair Market Value	How Much You Still Owe
(1) _____	\$ _____	\$ _____
(2) _____	\$ _____	\$ _____
(3) _____	\$ _____	\$ _____

11 Your Monthly Expenses

(Do not include payroll deductions you already listed in 8b.)

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

READ this notice carefully!
 If you want to add any more information, attach form MC-025 or a piece of paper, with your name, case number and write "Financial Information" at the top. Don't forget to check the box in here telling the court you have attached another page.

(2) _____ \$ _____
 (3) _____ \$ _____

Total monthly expenses (add 11a – 11m above): \$ _____