

**JUDICIAL COUNCIL OF CALIFORNIA
ADMINISTRATIVE OFFICE OF THE COURTS**

455 Golden Gate Avenue
San Francisco, California 94102-3688

Report

TO: Members of the Judicial Council

FROM: Administrative Office of the Courts
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DATE: October 6, 2006

SUBJECT: Technical Revisions to the Judicial Council's "982 Forms" to
Provide New Form Designators and to Renumber the Forms to
Conform to the Reorganization and Renumbering of the California
Rules of Court (Action Required)

Issue Statement

Most Judicial Council forms use letter designators such as CR for criminal law forms, EJ for the enforcement of judgment forms, or FL for the family law forms. Individual forms within each group are designated by a number after the letter prefix (for example, form CR-100). However, a number of older Judicial Council forms (the "982 forms")¹ are designated by reference to the rules in the California Rules of Court that originally authorized their adoption followed by a number in parentheses (for example, form 982(a)(5)).

In recent years, all the rules that the 982 forms numbers refer to have either been renumbered or repealed. Because the numerical designators on the 982 forms refer to obsolete rule numbers and are less clear than the letter designators used for most Judicial Council forms, all of the 982 forms should be revised to have letter designators that logically place them within groups of forms. The forms should also be revised to contain updates to the rules that were renumbered in the reorganization of the California Rules of Court.

¹ These forms are referred to in this report as "982 forms" because they are identified by references to renumbered rules 982(a), 982.1, or 982.2 or repealed rules 982.5 or 982.8.

Recommendation

Staff of the Administrative Office of the Courts recommends that, effective January 1, 2007, the Judicial Council revise the designations and numbers of all the forms that are currently designated with a number beginning with “982.” These forms should be placed in appropriate form groups and given letter designators. Also, the forms should be revised to update references to the renumbered rules in the reorganized California Rules of Court.

The revised forms are attached to this report at pages 13–140.²

Rationale for Recommendation

The proposal

The Judicial Council forms that are now designated by reference to renumbered rules 982(a), 982.1, or 982.2 or repealed rules 982.5 or 982.8 should be revised to have letter designators. These forms are currently difficult to locate and their purpose is unclear from the numerical designators. The proposed changes in the form designators will make the forms easier to identify and locate. The new letter designators will be consistent with the usage for all the other forms adopted or approved by the Judicial Council.

The revised forms with their new letter designators should be placed in appropriate form groups. In some cases, where no existing forms group accurately reflects the purpose and content of the 982 forms, new or revised form groups should be established.

At the same time as the preceding changes are made to the 982 forms, these forms should be revised to update references to the renumbered rules in the reorganized California Rules of Court that will become effective on January 1, 2007.³

Background

This proposal arose from the comprehensive review of the Judicial Council forms that accompanied the recent reorganization of the California Rules of Court. The rules reorganization, which renumbers a significant number of rules, will go into

² A chart summarizing the revisions and showing the existing or new form groups into which the revised forms have been placed is attached at pages 6–12.

³ A proposal to revise forms that contain references to rules in the California Rules of Court that have been renumbered is the subject of a separate technical report to the Judicial Council on *Technical Revisions to Judicial Council “982” Forms to Provide New Form Designators and to Renumber the Forms to Conform to the Reorganization and Renumbering of the California Rules of Court*. That report recommends the revision of many Judicial Council forms so that they will contain correct references to the renumbered rules that go into effect on January 1, 2007. However, the 982 forms are not included in that report.

effect on January 1, 2007.⁴ Because many Judicial Council forms contain rule numbers for reference in the lower right corner or in the text, all of the current forms have been reviewed and forms with rule numbers that need to be changed have been updated to reflect the rules reorganization and renumbering.

In reviewing the forms, the Judicial Council's Rules and Projects Committee (RUPRO) determined that many current forms still refer to the 982 rules, even though these rules have either been renumbered or repealed.⁵ RUPRO concluded that all of the 982 forms should be revised to have letter designators and be placed in appropriate form groups. It directed staff to revise the 982 forms and prepare this technical report explaining the changes.

Revision of the form designators and numbering of the forms

On Judicial Council forms, the form designators traditionally have appeared at the top right and in the lower left portion of the footer on each page of a form. For each of the revised 982 forms, the designator should be changed from a number to letters indicating the form group in which the form belongs plus a unique number. Also, the new designator and form number should be added to the top right of each page rather than just to the first page to reflect a change in recent years to the format and layout of forms. All of the forms should be modified to show that these revisions are made effective January 1, 2007.

⁴ The text of the council-approved reorganization of the California Rules of Court is available online at: www.courtinfo.ca.gov/rules/reorg.htm.

⁵ Rule 982 was renumbered as rule 201.1, effective on January 1, 2003. Rule 982(a), which defined and described mandatory forms, became rule 201.1(b). Under the reorganized rules, rule 201.1(b) will become rule 1.31. Rule 982(b), which defined optional forms, became rule 201.1(c). Under the reorganized rules, rule 201.1(c) will become rule 1.35.

Rule 982.1, which authorized the pleading forms shown on the council's list of authorized forms, became rule 201.2, effective January 1, 2003. Under the reorganized rules, rule 201.2 will become rule 1.45.

Rule 982.2 prescribed the use of the *Civil Case Cover Sheet* (currently form CM-010, originally designated as form 982.2(b)((1))). Rule 982.2 was renumbered as rule 201.8, effective on January 1, 2002. Under the reorganized rules, rule 201.8 will become rule 3.220.

Rule 982.5, which listed and prescribed the use of Judicial Council forms for wage garnishments, was repealed effective July 1, 1999.

Rule 982.8, which required the use by courts of certain forms concerning destruction of court records, was repealed effective January 1, 2001.

Currently, all forms adopted or approved by the Judicial Council are placed on the forms list as mandatory or optional (see reorganized rules 1.31 and 1.35). The older approach of identifying forms by the individual rule number authorizing the form is no longer necessary. It is better to use the new, subject-matter based designators for all forms.

Establishment of new form groups

All of the revised 982 forms will be placed in appropriate forms groups. Where such groups already exist, this placement is straightforward. If a re-designated 982 form fits directly into an existing form group, the form has been given the appropriate letter designator and placed in that group. Thus, current form 982(a)(9)(A), which is an attachment to the summons forms, has been re-designated as form SUM-200(A) and placed in the Summons form group.

However, many of the 982 forms do not fit into any existing category of forms, and sometimes the existing form group categories are inadequate. In these circumstances, new or revised form group categories need to be established. Thus, new form groups have been created for Civil (forms designated “CIV-[Number]”); Court Records (forms designated “REC-[Number]”); Pleadings (forms designated “PLD-[Number]”); Discovery (forms designated “DISC-[Number]”); and Subpoena (forms designated “SUBP-[Number]”).

To make the set of forms in the new Discovery form group comprehensive, five current non-982 forms have been re-designated. Specifically, the forms in the existing Form Interrogatories form group, which was designated as “FI-[Number],” have been moved to the new Discovery form group and given new form designators consistent with that group. The Form Interrogatories form group will be eliminated.

Also, the existing Pleading–Unlawful Detainer form group has been changed to Unlawful Detainer–Landlord/Tenant (forms designated “UD-[Number]”) because, with the addition of the revised 982 forms, not all of the forms in that group will be pleadings.

Finally, the General Legal form group, which currently contains many of the 982 forms, should be eliminated entirely because all of the forms in this group will be distributed to other form groups that have clearer, more useful designations.

Revision of forms to conform to the rules renumbering

The 982 forms include forms that contain references to a rule or rules in the California Rules of Court. References to the rules are usually contained in the footer of a form and occasionally within the body of a form. These references need to be updated to reflect the renumbering of the California Rules of Court that becomes effective on January 1, 2007. Accordingly, all 982 forms containing rules references should be revised so that the forms will contain up-to-date references to the renumbered rules.⁶

⁶ The attached chart attached at pages 6-12 describes which forms have been revised to refer to new rule numbers and where on those forms the renumbering has taken place.

Alternative Actions Considered

The proposed redesignation of the 982 forms is necessary so these forms can be easily identified and located and the numbering of the forms is consistent with the numbering system used on all other forms. No alternative actions were considered, although some thought was given to deferring this step and circulating the proposal for comment. This alternative was rejected because the accompanying proposal for revision of forms to eliminate obsolete rule citations is going ahead at this time. This proposal is part of that project and is technical. Both proposals should go forward and become effective at the same time as the reorganized rules which go into effect on January 1, 2007.

Comments From Interested Parties

This proposal was not circulated for comment under the authority of rule 6.22(d)(2) of the California Rules of Court because the proposal calls only for nonsubstantial technical changes.

Implementation Requirements and Costs

The proposed revisions will incur standard reproduction and distribution costs associated with the revision, adoption, or approval of any Judicial Council form. These costs may be substantial, given the large number of forms affected, but the changes are necessary to give full effect to the reorganization of the California Rules of Court.

Attachments

Revised Judicial Council “982 Forms”—Redesignation and Renumbering

Civil

Current Designator	New Designator	Rule Change—Location on Form	Old Rule Reference	New Rule Reference	Title
982(a)(27)	CIV-010	None	—	—	Application and Order for Appointment of Guardian Ad Litem
982(a)(30)	CIV-025	None	—	—	Application and Order for Reissuance of Order to Show Cause and Temporary Restraining Order
982(a)(24)	CIV-050	Left footer — page 1	982	None	Statement of Damages (Personal Injury or Wrongful Death)
982(a)(6)	CIV-100				Request for Entry of Default (Application to Enter Default)
982(a)(5)	CIV-110	Footer — page 1	383, 1233	3.1390, None	Request for Dismissal
982(a)(5.1)	CIV-120	Footer — page 1	383, 1233	3.1390, None	Notice of Entry of Dismissal and Proof of Service

Court Records

Current Designator	New Designator	Rule Change—Location on Form	Old Rule Reference	New Rule Reference	Title
982.8(1)(N)	REC-001(N)	Sentence 1 — page 1	6.756	10.856	Notice of Intent to Destroy Superior Court Records; Offer to Transfer Possession
982.8(1)(R)	REC-001(R)	Footer — page 1 #1 — page 1 #2 — page 1 Footer — page 1	6.756 6.756 6.756 6.756	10.856 10.856 10.856 10.856	Request for Transfer or Extension of Time for Retention of Superior Court Records

Revised Judicial Council “982 Forms” – Redesignation and Renumbering

Court Records (continued)

Current Designator	New Designator	Rule Change—Location on Form	Old Rule Reference	New Rule Reference	Title
982.8(2)(N)	REC-002(N)	Footer — page 1	6.756	10.856	Notice of Hearing on Request for Transfer or Extension of Time for Retention of Superior Court Records; Court Record; Release and Receipt of Records
982.8(2)(R)	REC-002(R)	None	—	—	Release and Receipt of Superior Court Records
982.8A	REC-003	#1 — page 1 #1 — page 1 Footer — page 1	6.755(I) 6.756 6.755	10.855 10.856 10.855	Report to the Judicial Council/ Superior Court Records Destroyed, Preserved, and Transferred

Discovery

Current Designator	New Designator	Rule Change—Location on Form	Old Rule Reference	New Rule Reference	Title
FI-120	DISC-001	None	—	—	Form Interrogatories—General
FI-130	DISC-002	None	—	—	Form Interrogatories—Employment Law
FI-128	DISC-003/UD-106	None	—	—	Form Interrogatories—Unlawful Detainer
FI-129	DISC-004	None	—	—	Form Interrogatories—Limited Civil Cases (Economic Litigation)
982(a)(21)	DISC-010	None	—	—	Case Questionnaire—For Limited Civil Cases (Under \$25,000)
982(a)(22)	DISC-015	None	—	—	Request for Statement of Witnesses and Evidence—For Limited Civil Cases (Under \$25,000)
FI-100	DISC-020	None	—	—	Request for Admission

Revised Judicial Council “982 Forms” – Redesignation and Renumbering

Fee Waiver

Current Designator	New Designator	Rule Change— Location on Form	Old Rule Reference	New Rule Reference	Title
982(a)(17)(A)- INFO	FW-001- INFO	Top — page 1 Footer — page 1	985 985	3.50-3.63 3.50-3.63	Information Sheet on Waiver of Court Fees and Costs
982(a)(17)	FW-001	None	—	—	Application for Waiver of Court Fees and Costs
982(a)(20)	FW-002	Footer—page 1	982	None	Application for Waiver of Additional Court Fees and Costs
982(a)(18)	FW-003	3.a — page 1 3.b — page 1 4 — page 1 Line below signature — page 1 Footer — page 1	985(i) 985(i) 985 985(d) 985	3.61 3.61 3.50-3.63 3.56 3.50-3.63	Order on Application for Waiver of Court Fees and Costs
982(a)(18.1)	FW-004	1st Box — page 1 3.a — page 1 3.b — page 1 4 — page 1 Line below signature — page 1 Footer — page 1	985(j) 985(j) 985(j) 985 985(d) 985	3.62 3.62 3.62 3.50-3.63 3.56 3.56	Order on Application for Waiver of Additional Court Fees and Costs

Revised Judicial Council “982 Forms” – Redesignation and Renumbering

Fee Waiver (continued)

Current Designator	New Designator	Rule Change— Location on Form	Old Rule Reference	New Rule Reference	Title
982(a)(19)	FW-005	3.a — page 1 Left footer — page 1 Right footer — page 1	985(i) 982 985(e)	3.61 None 3.50-3.63	Notice of Waiver of Court Fees and Costs

Pleadings - Contracts

Current Designator	New Designator	Rule Change— Location on Form	Old Rule Reference	New Rule Reference	Title
982.1(20)	PLD-C-001	Left footer — page 1	982(20)	None	Complaint/Cross Complaint— Contract
982.1(21)	PLD-C-001(1)	Left Footer — page 1	982.1(21)	None	Cause of Action—Breach of Contract
982.1(22)	PLD-C-001(2)	Left Footer — page 1	982.1(22)	None	Cause of Action—Common Counts
982.1(23)	PLD-C-001(3)	Left Footer — page 1	982.1(23)	None	Cause of Action—Fraud
982.1(35)	PLD-C-010	Left Footer — page 1	982.1(35)	None	Answer—Contract

Pleadings – Personal Injury

Current Designator	New Designator	Rule Change— Location on Form	Old Rule Reference	New Rule Reference	Title
982.1(1)	PLD-PI-001	None	–	–	Complaint—Personal Injury, Property Damage, Wrongful Death
982.1(2)	PLD-PI-001(1)	Left Footer — page 1	982.1(2)	None	Cause of Action—Motor Vehicle
982.1(3)	PLD-PI-001(2)	Left Footer — page 1	982.1(3)	None	Cause of Action—General Negligence

Revised Judicial Council “982 Forms” – Redesignation and Renumbering

Pleadings–Personal Injury (continued)

Current Designator	New Designator	Rule Change— Location on Form	Old Rule Reference	New Rule Reference	Title
982.1(4)	PLD-PI-001(3)	Left Footer — page 1	982.1(4)	None	Cause of Action—Intentional Tort
982.1(5)	PLD-PI-001(4)	Left Footer — page 1	982.1(5)	None	Cause of Action—Premises Liability
982.1(6)	PLD-PI-001(5)	Left Footer — page 1	982.1(6)	None	Cause of Action—Products Liability
982.1(13)	PLD-PI-001(6)	Left Footer — page 1	982.1(13)	None	Exemplary Damages Attachment
982.1(14)	PLD-PI-002	None	–	None	Cross-Complaint—Personal Injury, Property Damage, Wrongful Death
982.1(15)	PLD-PI-003	Left Footer — page 1	982.1(3)	None	Answer—Personal Injury, Property Damage, Wrongful Death

Pleadings – General

Current Designator	New Designator	Rule Change— Location on Form	Old Rule Reference	New Rule Reference	Title
982(a)(13)	PLD-050	Left footer — page 1	982	None	General Denial

Subpoena

Current Designator	New Designator	Rule Change— Location on Form	Old Rule Reference	New Rule Reference	Title
982(a)(15)	SUBP-001	None	–	–	Civil Subpoena for Personal Appearance at Trial or Hearing
982(a)(15.1)	SUBP-002	None	–	–	Civil Subpoena (Duces Tecum) for Personal Appearance and Production of Documents and Things at Trial or Hearing and Declaration

Revised Judicial Council “982 Forms” – Redesignation and Renumbering

Subpoena (continued)

Current Designator	New Designator	Rule Change— Location on Form	Old Rule Reference	New Rule Reference	Title
982(a)(15.2)	SUBP-010	None	–	–	Deposition Subpoena for Production of Business Records/Proof of Service
982(a)(15.3)	SUBP-015	None	–	–	Deposition Subpoena for Personal Appearance/Proof of Service
982(a)(15.4)	SUBP-020	None	–	–	Deposition Subpoena for Personal Appearance and Production of Documents and Things/Proof of Service
982(a)(15.5)	SUBP-025	None	–	–	Notice to Consumer or Employee and Objection

Summons

Current Designator	New Designator	Rule Change— Location on Form	Old Rule Reference	New Rule Reference	Title
982(a)(9)(A)	SUM-200(A)	Left footer — page 1	982(a)(9)(A)	None	Additional Parties Attachment
982(a)(12)	SUM-300	None	–	–	Declaration of Lost Summons After Service

Unlawful Detainer (Landlord/Tenant)

Current Designator	New Designator	Rule Change— Location on Form	Old Rule Reference	New Rule Reference	Title
982.1(95)	UD-105	None	–	–	Answer—Unlawful Detainer
FI-128	DISC-003/UD-106	None	–	–	Form Interrogatories—Unlawful Detainer

Revised Judicial Council “982 Forms” – Redesignation and Renumbering

Wage Garnishment

Current Designator	New Designator	Rule Change— Location on Form	Old Rule Reference	New Rule Reference	Title
982.5(1)	WG-001	None	–	–	Application for Earnings Withholding Order
982.5(2)	WG-002	None	–	–	Earnings Withholding Order
982.5(A)	WG-003	None	–	–	Employee Instructions
982.5(3)	WG-004	None	–	–	Earnings Withholding Order for Support
982.5(4)	WG-005	None	–	–	Employer’s Return
982.5(5)	WG-006	None	–	–	Claim of Exemption
982.5(5.5)	WG-007/EJ-165	None	–	–	Financial Statement
982.5(6)	WG-008	None	–	–	Notice of Filing of Claim of Exemption
982.5(7)	WG-009	None	–	–	Notice of Opposition to Claim of Exemption
982.5(8)	WG-010/EJ-175	None	–	–	Notice of Hearing on Claim of Exemption
982.5(9)	WG-011	None	–	–	Order Determining Claim of Exemption
982.5(10)	WG-012	None	–	–	Notice of Termination or Modification of Earnings Withholding Order
982.5(11)	WG-020	None	–	–	Application for Earnings Withholding Order for Taxes
982.5(11S)	WG-021	None	–	–	Confidential Supplement to Application for Earnings Withholding Order for Taxes
982.5(12)	WG-022	None	–	–	Earnings Withholding Order for Taxes
982.5(13)	WG-023	None	–	–	Notice of Hearing—Earnings Withholding Order for Taxes
982.5(14)	WG-024	None	–	–	Temporary Earnings Withholding Order for Taxes
982.5(14S)	WG-025	None	–	–	Confidential Supplement to Temporary

ATTORNEY (Name, state bar number, and address): TELEPHONE NO.: _____ FAX NO. (Optional): _____ E-MAIL ADDRESS (Optional): _____ ATTORNEY FOR (Name): _____	FOR COURT USE ONLY
SUPERIOR COURT OF CALIFORNIA, COUNTY OF STREET ADDRESS: MAILING ADDRESS: CITY AND ZIP CODE: BRANCH NAME:	
PLAINTIFF/PETITIONER: DEFENDANT/RESPONDENT:	
APPLICATION AND ORDER FOR APPOINTMENT OF GUARDIAN AD LITEM-CIVIL <input type="checkbox"/> EX PARTE	CASE NUMBER:
NOTE: This form is for use in civil proceedings in which a party is a minor, an incapacitated person, or a person for whom a conservator has been appointed. A party who seeks the appointment of a guardian ad litem in a family law or juvenile proceeding should use Form FJ-200. A party who seeks the appointment of a guardian ad litem in a probate proceeding should use Form DE-350, GC-100. An individual cannot act as a guardian ad litem unless he or she is represented by an attorney or is an attorney.	

1. Applicant (name): _____ is
 - a. the parent of (name):
 - b. the guardian of (name):
 - c. the conservator of (name):
 - d. a party to the suit.
 - e. the minor to be represented (if the minor is 14 years of age or older).
 - f. another interested person (specify capacity):

2. This application seeks the appointment of the following person as guardian ad litem (state name, address, and telephone number):

3. The guardian ad litem is to represent the interests of the following person (state name, address, and telephone number):

4. The person to be represented is:
 - a. a minor (date of birth):
 - b. an incompetent person.
 - c. a person for whom a conservator has been appointed.
5. The court should appoint a guardian ad litem because:
 - a. the person named in item 3 has a cause or causes of action on which suit should be brought (describe):

Continued on Attachment 5a.

PLAINTIFF/PETITIONER: DEFENDANT/RESPONDENT:	CASE NUMBER:
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5. b. more than 10 days have elapsed since the summons in the above-entitled matter was served on the person named in item 3, and no application for the appointment of a guardian ad litem has been made by the person identified in item 3 or any other person.
- c. the person named in item 3 has no guardian or conservator of his or her estate.
- d. the appointment of a guardian ad litem is necessary for the following reasons (*specify*):

Continued on Attachment 5d.

6. The proposed guardian ad litem's relationship to the person he or she will be representing is:
- a. related (*state relationship*):
- b. not related (*specify capacity*):

7. The proposed guardian ad litem is fully competent and qualified to understand and protect the rights of the person he or she will represent and has no interests adverse to the interests of that person. (*If there are any issues of competency or qualification or any possible adverse interests, describe and explain why the proposed guardian should nevertheless be appointed*):

Continued on Attachment 7.

(TYPE OR PRINT NAME)	▶	(SIGNATURE OF ATTORNEY)
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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 APPLICANT)
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CONSENT TO ACT AS GUARDIAN AD LITEM

I consent to the appointment as guardian ad litem under the above petition.
Date:

(TYPE OR PRINT NAME)	▶	(SIGNATURE OF PROPOSED GUARDIAN AD LITEM)
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ORDER **EX PARTE**

THE COURT FINDS that it is reasonable and necessary to appoint a guardian ad litem for the person named in item 3 of the application, as requested.

THE COURT ORDERS that (*name*):
is hereby appointed as the guardian ad item for (*name*):
for the reasons set forth in item 5 of the application.
Date:

	JUDICIAL OFFICER
	<input type="checkbox"/> SIGNATURE FOLLOWS LAST ATTACHMENT

- DO NOT FILE WITH THE COURT -
-UNLESS YOU ARE APPLYING FOR A DEFAULT JUDGMENT UNDER CODE OF CIVIL PROCEDURE § 585 -

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name and Address): ATTORNEY FOR (name):	TELEPHONE NO.:	FOR COURT USE ONLY CASE NUMBER:
SUPERIOR COURT OF CALIFORNIA, COUNTY OF STREET ADDRESS: MAILING ADDRESS: CITY AND ZIP CODE: BRANCH NAME:		
PLAINTIFF: DEFENDANT:		
STATEMENT OF DAMAGES (Personal Injury or Wrongful Death)		

To (name of one defendant only):
 Plaintiff (name of one plaintiff only):
 seeks damages in the above-entitled action, as follows:

	AMOUNT
1. General damages	
a. <input type="checkbox"/> Pain, suffering, and inconvenience	\$ _____
b. <input type="checkbox"/> Emotional distress.	\$ _____
c. <input type="checkbox"/> Loss of consortium	\$ _____
d. <input type="checkbox"/> Loss of society and companionship (wrongful death actions only)	\$ _____
e. <input type="checkbox"/> Other (specify)	\$ _____
f. <input type="checkbox"/> Other (specify)	\$ _____
g. <input type="checkbox"/> Continued on Attachment 1.g.	
2. Special damages	
a. <input type="checkbox"/> Medical expenses (to date)	\$ _____
b. <input type="checkbox"/> Future medical expenses (present value)	\$ _____
c. <input type="checkbox"/> Loss of earnings (to date)	\$ _____
d. <input type="checkbox"/> Loss of future earning capacity (present value)	\$ _____
e. <input type="checkbox"/> Property damage	\$ _____
f. <input type="checkbox"/> Funeral expenses (wrongful death actions only)	\$ _____
g. <input type="checkbox"/> Future contributions (present value) (wrongful death actions only)	\$ _____
h. <input type="checkbox"/> Value of personal service, advice, or training (wrongful death actions only)	\$ _____
i. <input type="checkbox"/> Other (specify)	\$ _____
j. <input type="checkbox"/> Other (specify)	\$ _____
k. <input type="checkbox"/> Continued on Attachment 2.k.	
3. <input type="checkbox"/> Punitive damages: Plaintiff reserves the right to seek punitive damages in the amount of (specify).. \$ _____ when pursuing a judgment in the suit filed against you.	

Date:

(TYPE OR PRINT NAME)



(SIGNATURE OF PLAINTIFF OR ATTORNEY FOR PLAINTIFF)

(Proof of service on reverse)

PLAINTIFF:	CASE NUMBER:
DEFENDANT:	

PROOF OF SERVICE

(After having the other party served as described below, with any of the documents identified in item 1, have the person who served the documents complete this Proof of Service. Plaintiff cannot serve these papers.)

1. I served the
- a. Statement of Damages Other (specify):
 - b. on (name):
 - c. by serving defendant other (name and title or relationship to person served):
 - d. by delivery at home at business
 - (1) date:
 - (2) time:
 - (3) address:
 - e. by mailing
 - (1) date:
 - (2) place:

2. Manner of service (check proper box):

- a. **Personal service.** By personally delivering copies. (CCP § 415.10)
- b. **Substituted service on corporation, unincorporated association (including partnership), or public entity.** By leaving, during usual office hours, copies in the office of the person served with the person who apparently was in charge and thereafter mailing (by first-class mail, postage prepaid) copies to the person served at the place where the copies were left. (CCP § 415.20(a))
- c. **Substituted service on natural person, minor, conservatee, or candidate.** By leaving copies at the dwelling house, usual place of abode, or usual place of business of the person served in the presence of a competent member of the household or a person apparently in charge of the office or place of business, at least 18 years of age, who was informed of the general nature of the papers, and thereafter mailing (by first-class mail, postage prepaid) copies to the person served at the place where the copies were left. (CCP § 415.20(b)) **(Attach separate declaration or affidavit stating acts relied on to establish reasonable diligence in first attempting personal service.)**
- d. **Mail and acknowledgment service.** By mailing (by first-class mail or airmail, postage prepaid) copies to the person served, together with two copies of the form of notice and acknowledgment and a return envelope, postage prepaid, addressed to the sender. (CCP § 415.30) **(Attach completed acknowledgment of receipt.)**
- e. **Certified or registered mail service.** By mailing to an address outside California (by first-class mail, postage prepaid, requiring a return receipt) copies to the person served. (CCP § 415.40) **(Attach signed return receipt or other evidence of actual delivery to the person served.)**
- f. **Other (specify code section):**
 additional page is attached.

3. At the time of service I was at least 18 years of age and not a party to this action.

4. Fee for service: \$

5. Person serving:

- a. California sheriff, marshal, or constable
- b. Registered California process server
- c. Employee or independent contractor of a registered California process server
- d. Not a registered California process server
- e. Exempt from registration under Bus. & Prof. Code § 22350(b)

f. Name, address and telephone number and, if applicable, county of registration and number:

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

(For California sheriff, marshal, or constable use only)
I certify that the foregoing is true and correct.

Date:

Date:

(SIGNATURE)

(SIGNATURE)

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, State Bar number, and address): TELEPHONE NO.: _____ FAX NO. (Optional): _____ E-MAIL ADDRESS (Optional): _____ ATTORNEY FOR (Name): _____	FOR COURT USE ONLY
SUPERIOR COURT OF CALIFORNIA, COUNTY OF _____ STREET ADDRESS: _____ MAILING ADDRESS: _____ CITY AND ZIP CODE: _____ BRANCH NAME: _____	
PLAINTIFF/PETITIONER: _____ DEFENDANT/RESPONDENT: _____	
REQUEST FOR (Application) <input type="checkbox"/> Entry of Default <input type="checkbox"/> Clerk's Judgment <input type="checkbox"/> Court Judgment	CASE NUMBER: _____

1. TO THE CLERK: On the complaint or cross-complaint filed
- a. on (date): _____
 - b. by (name): _____
 - c. Enter default of defendant (names): _____
 - d. I request a court judgment under Code of Civil Procedure sections 585(b), 585(c), 989, etc., against defendant (names): _____

(Testimony required. Apply to the clerk for a hearing date, unless the court will enter a judgment on an affidavit under Code Civ. Proc., § 585(d).)

- e. Enter clerk's judgment
 - (1) for restitution of the premises only and issue a writ of execution on the judgment. Code of Civil Procedure section 1174(c) does not apply. (Code Civ. Proc., § 1169.)
 Include in the judgment all tenants, subtenants, named claimants, and other occupants of the premises. The *Prejudgment Claim of Right to Possession* was served in compliance with Code of Civil Procedure section 415.46.
 - (2) under Code of Civil Procedure section 585(a). (Complete the declaration under Code Civ. Proc., § 585.5 on the reverse (item 5).)
 - (3) for default previously entered on (date): _____

2. **Judgment to be entered.**

	<u>Amount</u>		<u>Credits acknowledged</u>		<u>Balance</u>
a. Demand of complaint	\$		\$		\$
b. Statement of damages *					
(1) Special	\$		\$		\$
(2) General	\$		\$		\$
c. Interest	\$		\$		\$
d. Costs (see reverse)	\$		\$		\$
e. Attorney fees	\$		\$		\$
f. TOTALS	\$		\$		\$

g. **Daily damages** were demanded in complaint at the rate of: \$ _____ per day beginning (date): _____
 (* Personal injury or wrongful death actions; Code Civ. Proc., § 425.11.)

3. (Check if filed in an unlawful detainer case) **Legal document assistant or unlawful detainer assistant** information is on the reverse (complete item 4).

Date: _____

(TYPE OR PRINT NAME)

(SIGNATURE OF PLAINTIFF OR ATTORNEY FOR PLAINTIFF)

FOR COURT USE ONLY	(1) <input type="checkbox"/> Default entered as requested on (date): _____ (2) <input type="checkbox"/> Default NOT entered as requested (state reason): _____	Clerk, by _____, Deputy
---------------------------	---	-------------------------

PLAINTIFF/PETITIONER: DEFENDANT/RESPONDENT:	CASE NUMBER:
--	--------------

4. **Legal document assistant or unlawful detainer assistant (Bus. & Prof. Code, § 6400 et seq.).** A legal document assistant or unlawful detainer assistant did did **not** for compensation give advice or assistance with this form. (If declarant has received **any** help or advice for pay from a legal document assistant or unlawful detainer assistant, state):

- | | |
|--|----------------------------|
| a. Assistant's name: | c. Telephone no.: |
| b. Street address, city, and zip code: | d. County of registration: |
| | e. Registration no.: |
| | f. Expires on (date): |

5. **Declaration under Code of Civil Procedure Section 585.5** (required for entry of default under Code Civ. Proc., § 585(a)).

This action

- a. is is not on a contract or installment sale for goods or services subject to Civ. Code, § 1801 et seq. (Unruh Act).
 b. is is not on a conditional sales contract subject to Civ. Code, § 2981 et seq. (Rees-Levering Motor Vehicle Sales and Finance Act).
 c. is is not on an obligation for goods, services, loans, or extensions of credit subject to Code Civ. Proc., § 395(b).

6. **Declaration of mailing (Code Civ. Proc., § 587).** A copy of this *Request for Entry of Default* was

- a. **not mailed** to the following defendants, whose addresses are **unknown** to plaintiff or plaintiff's attorney (names):
 b. **mailed** first-class, postage prepaid, in a sealed envelope addressed to each defendant's attorney of record or, if none, to each defendant's last known address as follows:
 (1) Mailed on (date): _____ (2) To (specify names and addresses shown on the envelopes): _____

I declare under penalty of perjury under the laws of the State of California that the foregoing items 4, 5, and 6 are true and correct.

Date: _____

(TYPE OR PRINT NAME)	(SIGNATURE OF DECLARANT)
----------------------	--------------------------

7. **Memorandum of costs** (required if money judgment requested). Costs and disbursements are as follows (Code Civ. Proc., § 1033.5):

- | | |
|--------------------------------|----------|
| a. Clerk's filing fees | \$ |
| b. Process server's fees | \$ |
| c. Other (specify): | \$ |
| d. | \$ |
| e. TOTAL | \$ _____ |
- f. Costs and disbursements are waived.

g. I am the attorney, agent, or party who claims these costs. To the best of my knowledge and belief this memorandum of costs is correct and these costs were necessarily incurred in this case.

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 DECLARANT)
----------------------	--------------------------

8. **Declaration of nonmilitary status** (required for a judgment). No defendant named in item 1c of the application is in the military service so as to be entitled to the benefits of the Servicemembers Civil Relief Act (50 U.S.C. App. § 501 et seq.).

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 DECLARANT)
----------------------	--------------------------

ATTORNEY OR PARTY WITHOUT ATTORNEY (<i>Name and Address</i>): ATTORNEY FOR (<i>Name</i>): Insert name of court and name of judicial district and branch court, if any: PLAINTIFF/PETITIONER: DEFENDANT/RESPONDENT:	TELEPHONE NO.:	FOR COURT USE ONLY CASE NUMBER:
NOTICE OF ENTRY OF DISMISSAL AND PROOF OF SERVICE <input type="checkbox"/> Personal Injury, Property Damage, or Wrongful Death <input type="checkbox"/> Motor Vehicle <input type="checkbox"/> Other <input type="checkbox"/> Family Law <input type="checkbox"/> Eminent Domain <input type="checkbox"/> Other (<i>specify</i>):		

TO ATTORNEYS AND PARTIES WITHOUT ATTORNEYS: A dismissal was entered in this action by the clerk as shown on the Request for Dismissal. (*Attach a copy completed by the clerk.*)

Date: _____

.....
 (TYPE OR PRINT NAME OF ATTORNEY PARTY WITHOUT ATTORNEY) (SIGNATURE)

PROOF OF SERVICE

1. I am over the age of 18 and not a party to this cause. I am a resident of or employed in the county where the mailing occurred. My residence or business address is:

2. I served a copy of the Notice of Entry of Dismissal and Request for Dismissal by mailing them, in a sealed envelope with postage fully prepaid, as follows:
- a. I deposited the envelope with the United States Postal Service.
 - b. I placed the envelope for collection and processing for mailing following this business's ordinary practice with which I am readily familiar. On the same day correspondence is placed for collection and mailing, it is deposited in the ordinary course of business with the United States Postal Service.
 - c. Date of deposit:
 - d. Place of deposit (*city and state*):
 - e. Addressed as follows (*name and address*):

3. I served a copy of the Notice of Entry of Dismissal and Request for Dismissal by personally delivering copies to the person served as shown below:

Name: _____ Date: _____ Time: _____ Address: _____

4. 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 DECLARANT)

SUPERIOR COURT OF CALIFORNIA, COUNTY OF _____

DEPARTMENT AND DIVISION:
 JUDICIAL DISTRICT OR BRANCH COURT:
 MAILING ADDRESS:
 STREET ADDRESS:
 CITY AND ZIP CODE:
 TELEPHONE:
 FAX:

**NOTICE OF INTENT TO DESTROY SUPERIOR COURT RECORDS;
 OFFER TO TRANSFER POSSESSION**

You are hereby notified, as required by rule 10.856 of the California Rules of Court, that this court intends to destroy the following superior court records **30 days** after the date of this notice.

Record Type	Beginning Month and Year	Ending Month and Year
1.		
2.		
3.		
4.		
5.		
6.		

Within **30 days** after the date of this notice you may request, in writing, an order by the presiding judge to transfer some or all of the listed court records to your possession, or to extend the time for retention of the court records beyond 30 days.

The court records are available for public inspection until the time of their destruction.

Records transferred to your possession must be made reasonably available to all members of the public. Costs of transferring the records to your possession must be paid by you.

The presiding judge may extend the time for destruction of the court records if the judge finds good cause for the requested extension.

Date: _____ Clerk, by _____, Deputy

An optional form for requesting transfer of possession, or requesting an extension of the time for retention of the court records beyond 30 days, is on the reverse of this page.

(See reverse for Request for Transfer or Extension)

NAME OF COURT AND JUDICIAL DISTRICT OR BRANCH COURT, IF ANY	FOR COURT USE ONLY
REQUEST FOR TRANSFER OR EXTENSION OF TIME FOR RETENTION OF SUPERIOR COURT RECORDS (Optional form)	

TO THE CLERK OF THE COURT:

1. Request for Transfer of Superior Court Records

- We request an order by the presiding judge for transfer of the superior court records to our possession pursuant to rule 10.856 of the California Rules of Court. We agree to make the records reasonably available to all members of the public and to pay the costs of transferring the records.
- Only the following records are requested (*specify*):

2. Request for Extension of Time for Destruction of Superior Court Records

- We request an order by the presiding judge for an extension of time for the destruction of some or all of the superior court records pursuant to rule 10.856 of the California Rules of Court, to (*date*):

Reasons for the requested extension, the records to be transferred, and additional time needed are explained below. We understand that the presiding judge must find good cause to issue an order permitting extension of time for the retention of the court records. (*If you need more space for your explanation, write it on a separate piece of paper, attach it to this form, and check this box .*)

You must make your written request for an order by the presiding judge within 30 days after the date of the Clerk's Notice of Intent to Destroy Superior Court Records; Offer to Transfer Possession.

Date:

Name and address of organization:

Your Name:
Title:
Telephone:
Fax:

_____ (SIGNATURE)

<p>SUPERIOR COURT OF CALIFORNIA, COUNTY OF _____</p> <p>DEPARTMENT AND DIVISION: JUDICIAL DISTRICT OR BRANCH COURT: MAILING ADDRESS: STREET ADDRESS: CITY AND ZIP CODE: TELEPHONE: FAX:</p>	<p>FOR COURT USE ONLY</p>
<p>NOTICE OF HEARING ON REQUEST FOR TRANSFER OR EXTENSION OF TIME FOR RETENTION OF SUPERIOR COURT RECORDS; COURT ORDER; RELEASE AND RECEIPT OF SUPERIOR COURT RECORDS</p>	

TO: _____
(Name or names of organizations requesting transfer of superior court records to their possession or for an extension of the time for retention of the records)

NOTICE OF HEARING

1. A hearing will be held on your request for an order by the presiding judge for **transfer** of some or all of the superior court records to your possession.
2. A hearing will be held on your request for an order by the presiding judge for an **extension of time** for the destruction of some or all of the superior court records.
3. The hearing will be held:

Date:	Time:	Dept.:	Room:
-------	-------	--------	-------

The address of the court is shown above.

4. No hearing on your request for an order by the presiding judge for transfer of some or all of the superior court records will be held.

ORDER

GOOD CAUSE APPEARING:

1. Grant request of *(name of organization)*: _____ to transfer or to your possession
 - all superior court records specified in the Request for Transfer or Extension of Time for Retention of Superior Court Records
 - the following superior court records only *(specify records to be transferred)*:
 - a. The records shall be made reasonably available for inspection to all members of the public and provision shall be made for duplicating the records at cost.
 - b. Costs for transferring the records shall be paid by the requesting party.
2. Grant request of *(name of organization)*: _____ to extend until *(date)*: _____ the destruction of
 - all superior court records specified in the Request for Transfer or Extension of Time for Retention of Superior Court Records
 - the following superior court records only *(specify records to be held)*:
3. Deny request of *(name of organization)*: _____ for transfer of some or all of the superior court records to your possession.
4. Deny request of *(name of organization)*: _____ for an extension of time for the destruction of some or all of the superior court records.
5. Other orders *(specify)*:

Date: _____

 PRESIDING JUDGE OF THE SUPERIOR COURT

(See reverse for Release and Receipt of Superior Court Records)

NAME OF COURT AND JUDICIAL DISTRICT OR BRANCH COURT, IF ANY	FOR COURT USE ONLY
RELEASE AND RECEIPT OF SUPERIOR COURT RECORDS	

RELEASE OF SUPERIOR COURT RECORDS

The following superior court records were released to *(name of person and organization)*:

in compliance with the court order of *(date)*:

Record Type

Description

Date: _____ Clerk, by _____, Deputy

RECEIPT

I acknowledge receipt of the superior court records described above.

Date: _____ Name and address of organization: _____

▶ _____
(SIGNATURE)

Your Name:
Title:
Telephone:
Fax:

SUPERIOR COURT OF CALIFORNIA, COUNTY OF

DEPARTMENT AND DIVISION:
 JUDICIAL DISTRICT OR BRANCH COURT:
 MAILING ADDRESS:
 STREET ADDRESS:
 CITY AND ZIP CODE:
 TELEPHONE:
 FAX:

**REPORT TO THE JUDICIAL COUNCIL:
 SUPERIOR COURT RECORDS DESTROYED, PRESERVED, AND TRANSFERRED**

1. You are hereby notified, as required by rule 10.855 of the California Rules of Court, that the following superior court records were *(check only one category per report)*:

- a. Destroyed by court order *(date of order)*:
 and preserved in another medium *(specify)*:
- b. Preserved for the comprehensive or sample court records *(specify the location of the records below, if different from the court address above)*.
- c. Transferred to an entity under rule 10.856 *(specify location of the records below if different from the organization's address)*. **Attach a copy of Judicial Council Form 982.8(2)(R).**

Record Type	Beginning and Ending Case Numbers	Beginning and Ending Month and Year	Medium
2.			<input type="checkbox"/> Paper <input type="checkbox"/> Microfilm <input type="checkbox"/> Electronic <input type="checkbox"/> Other <i>(specify)</i> :
Location:			
3.			<input type="checkbox"/> Paper <input type="checkbox"/> Microfilm <input type="checkbox"/> Electronic <input type="checkbox"/> Other <i>(specify)</i> :
Location:			
4.			<input type="checkbox"/> Paper <input type="checkbox"/> Microfilm <input type="checkbox"/> Electronic <input type="checkbox"/> Other <i>(specify)</i> :
Location:			

Date: _____ Clerk, by _____, Deputy

If necessary, use the reverse of this page to continue)

Record Type	Beginning and Ending Case Numbers	Beginning and Ending Month and Year	Medium
5.			<input type="checkbox"/> Paper <input type="checkbox"/> Microfilm <input type="checkbox"/> Electronic <input type="checkbox"/> Other (specify):
Location:			
6.			<input type="checkbox"/> Paper <input type="checkbox"/> Microfilm <input type="checkbox"/> Electronic <input type="checkbox"/> Other (specify):
Location:			
7.			<input type="checkbox"/> Paper <input type="checkbox"/> Microfilm <input type="checkbox"/> Electronic <input type="checkbox"/> Other (specify):
Location:			
8.			<input type="checkbox"/> Paper <input type="checkbox"/> Microfilm <input type="checkbox"/> Electronic <input type="checkbox"/> Other (specify):
Location:			
9.			<input type="checkbox"/> Paper <input type="checkbox"/> Microfilm <input type="checkbox"/> Electronic <input type="checkbox"/> Other (specify):
Location:			
10.			<input type="checkbox"/> Paper <input type="checkbox"/> Microfilm <input type="checkbox"/> Electronic <input type="checkbox"/> Other (specify):
Location:			
11.			<input type="checkbox"/> Paper <input type="checkbox"/> Microfilm <input type="checkbox"/> Electronic <input type="checkbox"/> Other (specify):
Location:			
12.			<input type="checkbox"/> Paper <input type="checkbox"/> Microfilm <input type="checkbox"/> Electronic <input type="checkbox"/> Other (specify):
Location:			

- (2) **INCIDENT** means (insert your definition here or on a separate, attached sheet labeled "Sec. 4(a)(2)"): _____

(b) YOU OR ANYONE ACTING ON YOUR BEHALF

includes you, your agents, your employees, your insurance companies, their agents, their employees, your attorneys, your accountants, your investigators, and anyone else acting on your behalf.

(c) **PERSON** includes a natural person, firm, association, organization, partnership, business, trust, limited liability company, corporation, or public entity.

(d) **DOCUMENT** means a writing, as defined in Evidence Code section 250, and includes the original or a copy of handwriting, typewriting, printing, photostats, photographs, electronically stored information, and every other means of recording upon any tangible thing and form of communicating or representation, including letters, words, pictures, sounds, or symbols, or combinations of them.

(e) **HEALTH CARE PROVIDER** includes any **PERSON** referred to in Code of Civil Procedure section 667.7(e)(3).

(f) **ADDRESS** means the street address, including the city, state, and zip code.

Sec. 5. Interrogatories

The following interrogatories have been approved by the Judicial Council under Code of Civil Procedure section 2033.710:

CONTENTS

1.0 Identity of Persons Answering These Interrogatories
2.0 General Background Information—Individual
3.0 General Background Information—Business Entity
4.0 Insurance
5.0 [Reserved]
6.0 Physical, Mental, or Emotional Injuries
7.0 Property Damage
8.0 Loss of Income or Earning Capacity
9.0 Other Damages
10.0 Medical History
11.0 Other Claims and Previous Claims
12.0 Investigation—General
13.0 Investigation—Surveillance
14.0 Statutory or Regulatory Violations
15.0 Denials and Special or Affirmative Defenses
16.0 Defendant's Contentions Personal Injury
17.0 Responses to Request for Admissions
18.0 [Reserved]
19.0 [Reserved]
20.0 How the Incident Occurred—Motor Vehicle
25.0 [Reserved]
30.0 [Reserved]
40.0 [Reserved]
50.0 Contract
60.0 [Reserved]
70.0 Unlawful Detainer [See separate form FI-128]
101.0 Economic Litigation [See separate form FI-129]
200.0 Employment Law [See separate form FI-130]
Family Law [See separate form 1292.10]

1.0 Identity of Persons Answering These Interrogatories

- 1.1 State the name, **ADDRESS**, telephone number, and relationship to you of each **PERSON** who prepared or assisted in the preparation of the responses to these interrogatories. (Do not identify anyone who simply typed or reproduced the responses.)

2.0 General Background Information—individual

- 2.1 State:
- your name;
 - every name you have used in the past; and
 - the dates you used each name.
- 2.2 State the date and place of your birth.
- 2.3 At the time of the **INCIDENT**, did you have a driver's license? If so state:
- the state or other issuing entity;
 - the license number and type;
 - the date of issuance; and
 - all restrictions.
- 2.4 At the time of the **INCIDENT**, did you have any other permit or license for the operation of a motor vehicle? If so, state:
- the state or other issuing entity;
 - the license number and type;
 - the date of issuance; and
 - all restrictions.
- 2.5 State:
- your present residence **ADDRESS**;
 - your residence **ADDRESSES** for the past five years; and
 - the dates you lived at each **ADDRESS**.
- 2.6 State:
- the name, **ADDRESS**, and telephone number of your present employer or place of self-employment; and
 - the name, **ADDRESS**, dates of employment, job title, and nature of work for each employer or self-employment you have had from five years before the **INCIDENT** until today.
- 2.7 State:
- the name and **ADDRESS** of each school or other academic or vocational institution you have attended, beginning with high school;
 - the dates you attended;
 - the highest grade level you have completed; and
 - the degrees received.
- 2.8 Have you ever been convicted of a felony? If so, for each conviction state:
- the city and state where you were convicted;
 - the date of conviction;
 - the offense; and
 - the court and case number.
- 2.9 Can you speak English with ease? If not, what language and dialect do you normally use?
- 2.10 Can you read and write English with ease? If not, what language and dialect do you normally use?

- 2.11 At the time of the **INCIDENT** were you acting as an agent or employee for any **PERSON**? If so, state:
- the name, **ADDRESS**, and telephone number of that **PERSON**; and
 - a description of your duties.
- 2.12 At the time of the **INCIDENT** did you or any other person have any physical, emotional, or mental disability or condition that may have contributed to the occurrence of the **INCIDENT**? If so, for each person state:
- the name, **ADDRESS**, and telephone number;
 - the nature of the disability or condition; and
 - the manner in which the disability or condition contributed to the occurrence of the **INCIDENT**.
- 2.13 Within 24 hours before the **INCIDENT** did you or any person involved in the **INCIDENT** use or take any of the following substances: alcoholic beverage, marijuana, or other drug or medication of any kind (prescription or not)? If so, for each person state:
- the name, **ADDRESS**, and telephone number;
 - the nature or description of each substance;
 - the quantity of each substance used or taken;
 - the date and time of day when each substance was used or taken;
 - the **ADDRESS** where each substance was used or taken;
 - the name, **ADDRESS**, and telephone number of each person who was present when each substance was used or taken; and
 - the name, **ADDRESS**, and telephone number of any **HEALTH CARE PROVIDER** who prescribed or furnished the substance and the condition for which it was prescribed or furnished.
- ### 3.0 General Background Information—Business Entity
- 3.1 Are you a corporation? If so, state:
- the name stated in the current articles of incorporation;
 - all other names used by the corporation during the past 10 years and the dates each was used;
 - the date and place of incorporation;
 - the **ADDRESS** of the principal place of business; and
 - whether you are qualified to do business in California.
- 3.2 Are you a partnership? If so, state:
- the current partnership name;
 - all other names used by the partnership during the past 10 years and the dates each was used;
 - whether you are a limited partnership and, if so, under the laws of what jurisdiction;
 - the name and **ADDRESS** of each general partner; and
 - the **ADDRESS** of the principal place of business.
- 3.3 Are you a limited liability company? If so, state:
- the name stated in the current articles of organization;
 - all other names used by the company during the past 10 years and the date each was used;
 - the date and place of filing of the articles of organization;
 - the **ADDRESS** of the principal place of business; and
 - whether you are qualified to do business in California.
- 3.4 Are you a joint venture? If so, state:
- the current joint venture name;
 - all other names used by the joint venture during the past 10 years and the dates each was used;
 - the name and **ADDRESS** of each joint venturer; and
 - the **ADDRESS** of the principal place of business.
- 3.5 Are you an unincorporated association? If so, state:
- the current unincorporated association name;
 - all other names used by the unincorporated association during the past 10 years and the dates each was used; and
 - the **ADDRESS** of the principal place of business.
- 3.6 Have you done business under a fictitious name during the past 10 years? If so, for each fictitious name state:
- the name;
 - the dates each was used;
 - the state and county of each fictitious name filing; and
 - the **ADDRESS** of the principal place of business.
- 3.7 Within the past five years has any public entity registered or licensed your business? If so, for each license or registration:
- identify the license or registration;
 - state the name of the public entity; and
 - state the dates of issuance and expiration.
- ### 4.0 Insurance
- 4.1 At the time of the **INCIDENT**, was there in effect any policy of insurance through which you were or might be insured in any manner (for example, primary, pro-rata, or excess liability coverage or medical expense coverage) for the damages, claims, or actions that have arisen out of the **INCIDENT**? If so, for each policy state:
- the kind of coverage;
 - the name and **ADDRESS** of the insurance company;
 - the name, **ADDRESS**, and telephone number of each named insured;
 - the policy number;
 - the limits of coverage for each type of coverage contained in the policy;
 - whether any reservation of rights or controversy or coverage dispute exists between you and the insurance company; and
 - the name, **ADDRESS**, and telephone number of the custodian of the policy.
- 4.2 Are you self-insured under any statute for the damages, claims, or actions that have arisen out of the **INCIDENT**? If so, specify the statute.
- ### 5.0 [Reserved]
- ### 6.0 Physical, Mental, or Emotional Injuries
- 6.1 Do you attribute any physical, mental, or emotional injuries to the **INCIDENT**? (If your answer is "no," do not answer interrogatories 6.2 through 6.7.)
- 6.2 Identify each injury you attribute to the **INCIDENT** and the area of your body affected.

6.3 Do you still have any complaints that you attribute to the **INCIDENT**? If so, for each complaint state:

- (a) a description;
- (b) whether the complaint is subsiding, remaining the same, or becoming worse; and
- (c) the frequency and duration.

6.4 Did you receive any consultation or examination (except from expert witnesses covered by Code of Civil Procedure sections 2034.210–2034.310) or treatment from a **HEALTH CARE PROVIDER** for any injury you attribute to the **INCIDENT**? If so, for each **HEALTH CARE PROVIDER** state:

- (a) the name, **ADDRESS**, and telephone number;
- (b) the type of consultation, examination, or treatment provided;
- (c) the dates you received consultation, examination, or treatment; and
- (d) the charges to date.

6.5 Have you taken any medication, prescribed or not, as a result of injuries that you attribute to the **INCIDENT**? If so, for each medication state:

- (a) the name;
- (b) the **PERSON** who prescribed or furnished it;
- (c) the date it was prescribed or furnished;
- (d) the dates you began and stopped taking it; and
- (e) the cost to date.

6.6 Are there any other medical services necessitated by the injuries that you attribute to the **INCIDENT** that were not previously listed (for example, ambulance, nursing, prosthetics)? If so, for each service state:

- (a) the nature;
- (b) the date;
- (c) the cost; and
- (d) the name, **ADDRESS**, and telephone number of each provider.

6.7 Has any **HEALTH CARE PROVIDER** advised that you may require future or additional treatment for any injuries that you attribute to the **INCIDENT**? If so, for each injury state:

- (a) the name and **ADDRESS** of each **HEALTH CARE PROVIDER**;
- (b) the complaints for which the treatment was advised; and
- (c) the nature, duration, and estimated cost of the treatment.

7.0 Property Damage

7.1 Do you attribute any loss of or damage to a vehicle or other property to the **INCIDENT**? If so, for each item of property:

- (a) describe the property;
- (b) describe the nature and location of the damage to the property;

- (c) state the amount of damage you are claiming for each item of property and how the amount was calculated; and
- (d) if the property was sold, state the name, **ADDRESS**, and telephone number of the seller, the date of sale, and the sale price.

7.2 Has a written estimate or evaluation been made for any item of property referred to in your answer to the preceding interrogatory? If so, for each estimate or evaluation state:

- (a) the name, **ADDRESS**, and telephone number of the **PERSON** who prepared it and the date prepared;
- (b) the name, **ADDRESS**, and telephone number of each **PERSON** who has a copy of it; and
- (c) the amount of damage stated.

7.3 Has any item of property referred to in your answer to interrogatory 7.1 been repaired? If so, for each item state:

- (a) the date repaired;
- (b) a description of the repair;
- (c) the repair cost;
- (d) the name, **ADDRESS**, and telephone number of the **PERSON** who repaired it;
- (e) the name, **ADDRESS**, and telephone number of the **PERSON** who paid for the repair.

8.0 Loss of Income or Earning Capacity

8.1 Do you attribute any loss of income or earning capacity to the **INCIDENT**? (If your answer is "no," do not answer interrogatories 8.2 through 8.8).

8.2 State:

- (a) the nature of your work;
- (b) your job title at the time of the **INCIDENT**; and
- (c) the date your employment began.

8.3 State the last date before the **INCIDENT** that you worked for compensation.

8.4 State your monthly income at the time of the **INCIDENT** and how the amount was calculated.

8.5 State the date you returned to work at each place of employment following the **INCIDENT**.

8.6 State the dates you did not work and for which you lost income as a result of the **INCIDENT**.

8.7 State the total income you have lost to date as a result of the **INCIDENT** and how the amount was calculated.

8.8 Will you lose income in the future as a result of the **INCIDENT**? If so, state:

- (a) the facts upon which you base this contention;
- (b) an estimate of the amount;
- (c) an estimate of how long you will be unable to work; and
- (d) how the claim for future income is calculated.

9.0 Other Damages

9.1 Are there any other damages that you attribute to the **INCIDENT**? If so, for each item of damage state:

- (a) the nature;
- (b) the date it occurred;
- (c) the amount; and
- (d) the name, **ADDRESS**, and telephone number of each **PERSON** to whom an obligation was incurred.

9.2 Do any **DOCUMENTS** support the existence or amount of any item of damages claimed in interrogatory 9.1? If so, describe each document and state the name, **ADDRESS**, and telephone number of the **PERSON** who has each **DOCUMENT**.

10.0 Medical History

10.1 At any time before the **INCIDENT** did you have complaints or injuries that involved the same part of your body claimed to have been injured in the **INCIDENT**? If so, for each state:

- (a) a description of the complaint or injury;
- (b) the dates it began and ended; and
- (c) the name, **ADDRESS**, and telephone number of each **HEALTH CARE PROVIDER** whom you consulted or who examined or treated you.

10.2 List all physical, mental, and emotional disabilities you had immediately before the **INCIDENT**. (*You may omit mental or emotional disabilities unless you attribute any mental or emotional injury to the **INCIDENT**.*)

10.3 At any time after the **INCIDENT**, did you sustain injuries of the kind for which you are now claiming damages? If so, for each incident giving rise to an injury state:

- (a) the date and the place it occurred;
- (b) the name, **ADDRESS**, and telephone number of any other **PERSON** involved;
- (c) the nature of any injuries you sustained;
- (d) the name, **ADDRESS**, and telephone number of each **HEALTH CARE PROVIDER** who you consulted or who examined or treated you; and
- (e) the nature of the treatment and its duration.

11.0 Other Claims and Previous Claims

11.1 Except for this action, in the past 10 years have you filed an action or made a written claim or demand for compensation for your personal injuries? If so, for each action, claim, or demand state:

- (a) the date, time, and place and location (closest street **ADDRESS** or intersection) of the **INCIDENT** giving rise to the action, claim, or demand;
- (b) the name, **ADDRESS**, and telephone number of each **PERSON** against whom the claim or demand was made or the action filed;

- (c) the court, names of the parties, and case number of any action filed;
- (d) the name, **ADDRESS**, and telephone number of any attorney representing you;
- (e) whether the claim or action has been resolved or is pending; and
- (f) a description of the injury.

11.2 In the past 10 years have you made a written claim or demand for workers' compensation benefits? If so, for each claim or demand state:

- (a) the date, time, and place of the **INCIDENT** giving rise to the claim;
- (b) the name, **ADDRESS**, and telephone number of your employer at the time of the injury;
- (c) the name, **ADDRESS**, and telephone number of the workers' compensation insurer and the claim number;
- (d) the period of time during which you received workers' compensation benefits;
- (e) a description of the injury;
- (f) the name, **ADDRESS**, and telephone number of any **HEALTH CARE PROVIDER** who provided services; and
- (g) the case number at the Workers' Compensation Appeals Board.

12.0 Investigation—General

12.1 State the name, **ADDRESS**, and telephone number of each individual:

- (a) who witnessed the **INCIDENT** or the events occurring immediately before or after the **INCIDENT**;
- (b) who made any statement at the scene of the **INCIDENT**;
- (c) who heard any statements made about the **INCIDENT** by any individual at the scene; and
- (d) who **YOU OR ANYONE ACTING ON YOUR BEHALF** claim has knowledge of the **INCIDENT** (except for expert witnesses covered by Code of Civil Procedure section 2034).

12.2 Have **YOU OR ANYONE ACTING ON YOUR BEHALF** interviewed any individual concerning the **INCIDENT**? If so, for each individual state:

- (a) the name, **ADDRESS**, and telephone number of the individual interviewed;
- (b) the date of the interview; and
- (c) the name, **ADDRESS**, and telephone number of the **PERSON** who conducted the interview.

12.3 Have **YOU OR ANYONE ACTING ON YOUR BEHALF** obtained a written or recorded statement from any individual concerning the **INCIDENT**? If so, for each statement state:

- (a) the name, **ADDRESS**, and telephone number of the individual from whom the statement was obtained;
- (b) the name, **ADDRESS**, and telephone number of the individual who obtained the statement;
- (c) the date the statement was obtained; and
- (d) the name, **ADDRESS**, and telephone number of each **PERSON** who has the original statement or a copy.

12.4 Do **YOU OR ANYONE ACTING ON YOUR BEHALF** know of any photographs, films, or videotapes depicting any place, object, or individual concerning the **INCIDENT** or plaintiff's injuries? If so, state:

- (a) the number of photographs or feet of film or videotape;
- (b) the places, objects, or persons photographed, filmed, or videotaped;
- (c) the date the photographs, films, or videotapes were taken;
- (d) the name, **ADDRESS**, and telephone number of the individual taking the photographs, films, or videotapes; and
- (e) the name, **ADDRESS**, and telephone number of each **PERSON** who has the original or a copy of the photographs, films, or videotapes.

12.5 Do **YOU OR ANYONE ACTING ON YOUR BEHALF** know of any diagram, reproduction, or model of any place or thing (except for items developed by expert witnesses covered by Code of Civil Procedure sections 2034.210–2034.310) concerning the **INCIDENT**? If so, for each item state:

- (a) the type (i.e., diagram, reproduction, or model);
- (b) the subject matter; and
- (c) the name, **ADDRESS**, and telephone number of each **PERSON** who has it.

12.6 Was a report made by any **PERSON** concerning the **INCIDENT**? If so, state:

- (a) the name, title, identification number, and employer of the **PERSON** who made the report;
- (b) the date and type of report made;
- (c) the name, **ADDRESS**, and telephone number of the **PERSON** for whom the report was made; and
- (d) the name, **ADDRESS**, and telephone number of each **PERSON** who has the original or a copy of the report.

12.7 Have **YOU OR ANYONE ACTING ON YOUR BEHALF** inspected the scene of the **INCIDENT**? If so, for each inspection state:

- (a) the name, **ADDRESS**, and telephone number of the individual making the inspection (except for expert witnesses covered by Code of Civil Procedure sections 2034.210–2034.310); and
- (b) the date of the inspection.

13.0 Investigation—Surveillance

13.1 Have **YOU OR ANYONE ACTING ON YOUR BEHALF** conducted surveillance of any individual involved in the **INCIDENT** or any party to this action? If so, for each surveillance state:

- (a) the name, **ADDRESS**, and telephone number of the individual or party;
- (b) the time, date, and place of the surveillance;
- (c) the name, **ADDRESS**, and telephone number of the individual who conducted the surveillance; and
- (d) the name, **ADDRESS**, and telephone number of each **PERSON** who has the original or a copy of any surveillance photograph, film, or videotape.

13.2 Has a written report been prepared on the surveillance? If so, for each written report state:

- (a) the title;
- (b) the date;
- (c) the name, **ADDRESS**, and telephone number of the individual who prepared the report; and
- (d) the name, **ADDRESS**, and telephone number of each **PERSON** who has the original or a copy.

14.0 Statutory or Regulatory Violations

14.1 Do **YOU OR ANYONE ACTING ON YOUR BEHALF** contend that any **PERSON** involved in the **INCIDENT** violated any statute, ordinance, or regulation and that the violation was a legal (proximate) cause of the **INCIDENT**? If so, identify the name, **ADDRESS**, and telephone number of each **PERSON** and the statute, ordinance, or regulation that was violated.

14.2 Was any **PERSON** cited or charged with a violation of any statute, ordinance, or regulation as a result of this **INCIDENT**? If so, for each **PERSON** state:

- (a) the name, **ADDRESS**, and telephone number of the **PERSON**;
- (b) the statute, ordinance, or regulation allegedly violated;
- (c) whether the **PERSON** entered a plea in response to the citation or charge and, if so, the plea entered; and
- (d) the name and **ADDRESS** of the court or administrative agency, names of the parties, and case number.

15.0 Denials and Special or Affirmative Defenses

15.1 Identify each denial of a material allegation and each special or affirmative defense in your pleadings and for each:

- (a) state all facts upon which you base the denial or special or affirmative defense;
- (b) state the names, **ADDRESSES**, and telephone numbers of all **PERSONS** who have knowledge of those facts; and
- (c) identify all **DOCUMENTS** and other tangible things that support your denial or special or affirmative defense, and state the name, **ADDRESS**, and telephone number of the **PERSON** who has each **DOCUMENT**.

16.0 Defendant's Contentions—Personal Injury

16.1 Do you contend that any **PERSON**, other than you or plaintiff, contributed to the occurrence of the **INCIDENT** or the injuries or damages claimed by plaintiff? If so, for each **PERSON**:

- (a) state the name, **ADDRESS**, and telephone number of the **PERSON**;
- (b) state all facts upon which you base your contention;
- (c) state the names, **ADDRESSES**, and telephone numbers of all **PERSONS** who have knowledge of the facts; and
- (d) identify all **DOCUMENTS** and other tangible things that support your contention and state the name, **ADDRESS**, and telephone number of the **PERSON** who has each **DOCUMENT** or thing.

16.2 Do you contend that plaintiff was not injured in the **INCIDENT**? If so:

- (a) state all facts upon which you base your contention;
- (b) state the names, **ADDRESSES**, and telephone numbers of all **PERSONS** who have knowledge of the facts; and
- (c) identify all **DOCUMENTS** and other tangible things that support your contention and state the name, **ADDRESS**, and telephone number of the **PERSON** who has each **DOCUMENT** or thing.

- 16.3 Do you contend that the injuries or the extent of the injuries claimed by plaintiff as disclosed in discovery proceedings thus far in this case were not caused by the **INCIDENT**? If so, for each injury:
- identify it;
 - state all facts upon which you base your contention;
 - state the names, **ADDRESSES**, and telephone numbers of all **PERSONS** who have knowledge of the facts; and
 - identify all **DOCUMENTS** and other tangible things that support your contention and state the name, **ADDRESS**, and telephone number of the **PERSON** who has each **DOCUMENT** or thing.
- 16.4 Do you contend that any of the services furnished by any **HEALTH CARE PROVIDER** claimed by plaintiff in discovery proceedings thus far in this case were not due to the **INCIDENT**? If so:
- identify each service;
 - state all facts upon which you base your contention;
 - state the names, **ADDRESSES**, and telephone numbers of all **PERSONS** who have knowledge of the facts; and
 - identify all **DOCUMENTS** and other tangible things that support your contention and state the name, **ADDRESS**, and telephone number of the **PERSON** who has each **DOCUMENT** or thing.
- 16.5 Do you contend that any of the costs of services furnished by any **HEALTH CARE PROVIDER** claimed as damages by plaintiff in discovery proceedings thus far in this case were not necessary or unreasonable? If so:
- identify each cost;
 - state all facts upon which you base your contention;
 - state the names, **ADDRESSES**, and telephone numbers of all **PERSONS** who have knowledge of the facts; and
 - identify all **DOCUMENTS** and other tangible things that support your contention and state the name, **ADDRESS**, and telephone number of the **PERSON** who has each **DOCUMENT** or thing.
- 16.6 Do you contend that any part of the loss of earnings or income claimed by plaintiff in discovery proceedings thus far in this case was unreasonable or was not caused by the **INCIDENT**? If so:
- identify each part of the loss;
 - state all facts upon which you base your contention;
 - state the names, **ADDRESSES**, and telephone numbers of all **PERSONS** who have knowledge of the facts; and
 - identify all **DOCUMENTS** and other tangible things that support your contention and state the name, **ADDRESS**, and telephone number of the **PERSON** who has each **DOCUMENT** or thing.
- 16.7 Do you contend that any of the property damage claimed by plaintiff in discovery Proceedings thus far in this case was not caused by the **INCIDENT**? If so:
- identify each item of property damage;
 - state all facts upon which you base your contention;
 - state the names, **ADDRESSES**, and telephone numbers of all **PERSONS** who have knowledge of the facts; and
 - identify all **DOCUMENTS** and other tangible things that support your contention and state the name, **ADDRESS**, and telephone number of the **PERSON** who has each **DOCUMENT** or thing.
- 16.8 Do you contend that any of the costs of repairing the property damage claimed by plaintiff in discovery proceedings thus far in this case were unreasonable? If so:
- identify each cost item;
 - state all facts upon which you base your contention;
 - state the names, **ADDRESSES**, and telephone numbers of all **PERSONS** who have knowledge of the facts; and
 - identify all **DOCUMENTS** and other tangible things that support your contention and state the name, **ADDRESS**, and telephone number of the **PERSON** who has each **DOCUMENT** or thing.
- 16.9 Do **YOU OR ANYONE ACTING ON YOUR BEHALF** have any **DOCUMENT** (for example, insurance bureau index reports) concerning claims for personal injuries made before or after the **INCIDENT** by a plaintiff in this case? If so, for each plaintiff state:
- the source of each **DOCUMENT**;
 - the date each claim arose;
 - the nature of each claim; and
 - the name, **ADDRESS**, and telephone number of the **PERSON** who has each **DOCUMENT**.
- 16.10 Do **YOU OR ANYONE ACTING ON YOUR BEHALF** have any **DOCUMENT** concerning the past or present physical, mental, or emotional condition of any plaintiff in this case from a **HEALTH CARE PROVIDER** not previously identified (except for expert witnesses covered by Code of Civil Procedure sections 2034.210–2034.310)? If so, for each plaintiff state:
- the name, **ADDRESS**, and telephone number of each **HEALTH CARE PROVIDER**;
 - a description of each **DOCUMENT**; and
 - the name, **ADDRESS**, and telephone number of the **PERSON** who has each **DOCUMENT**.
- 17.0 Responses to Request for Admissions**
- 17.1 Is your response to each request for admission served with these interrogatories an unqualified admission? If not, for each response that is not an unqualified admission:
- state the number of the request;
 - state all facts upon which you base your response;
 - state the names, **ADDRESSES**, and telephone numbers of all **PERSONS** who have knowledge of those facts; and
 - identify all **DOCUMENTS** and other tangible things that support your response and state the name, **ADDRESS**, and telephone number of the **PERSON** who has each **DOCUMENT** or thing.
- 18.0 [Reserved]**
- 19.0 [Reserved]**
- 20.0 How the Incident Occurred—Motor Vehicle**
- 20.1 State the date, time, and place of the **INCIDENT** (closest street **ADDRESS** or intersection).
- 20.2 For each vehicle involved in the **INCIDENT**, state:
- the year, make, model, and license number;
 - the name, **ADDRESS**, and telephone number of the driver;

- (c) the name, **ADDRESS**, and telephone number of each occupant other than the driver;
- (d) the name, **ADDRESS**, and telephone number of each registered owner;
- (e) the name, **ADDRESS**, and telephone number of each lessee;
- (f) the name, **ADDRESS**, and telephone number of each owner other than the registered owner or lien holder; and
- (g) the name of each owner who gave permission or consent to the driver to operate the vehicle.

20.3 State the **ADDRESS** and location where your trip began and the **ADDRESS** and location of your destination.

20.4 Describe the route that you followed from the beginning of your trip to the location of the **INCIDENT**, and state the location of each stop, other than routine traffic stops, during the trip leading up to the **INCIDENT**.

20.5 State the name of the street or roadway, the lane of travel, and the direction of travel of each vehicle involved in the **INCIDENT** for the 500 feet of travel before the **INCIDENT**.

20.6 Did the **INCIDENT** occur at an intersection? If so, describe all traffic control devices, signals, or signs at the intersection.

20.7 Was there a traffic signal facing you at the time of the **INCIDENT**? If so, state:
 (a) your location when you first saw it;
 (b) the color;
 (c) the number of seconds it had been that color; and
 (d) whether the color changed between the time you first saw it and the **INCIDENT**.

20.8 State how the **INCIDENT** occurred, giving the speed, direction, and location of each vehicle involved:
 (a) just before the **INCIDENT**;
 (b) at the time of the **INCIDENT**; and (c) just after the **INCIDENT**.

20.9 Do you have information that a malfunction or defect in a vehicle caused the **INCIDENT**? If so:
 (a) identify the vehicle;
 (b) identify each malfunction or defect;
 (c) state the name, **ADDRESS**, and telephone number of each **PERSON** who is a witness to or has information about each malfunction or defect; and
 (d) state the name, **ADDRESS**, and telephone number of each **PERSON** who has custody of each defective part.

20.10 Do you have information that any malfunction or defect in a vehicle contributed to the injuries sustained in the **INCIDENT**? If so:
 (a) identify the vehicle;
 (b) identify each malfunction or defect;
 (c) state the name, **ADDRESS**, and telephone number of each **PERSON** who is a witness to or has information about each malfunction or defect; and

(d) state the name, **ADDRESS**, and telephone number of each **PERSON** who has custody of each defective part.

20.11 State the name, **ADDRESS**, and telephone number of each owner and each **PERSON** who has had possession since the **INCIDENT** of each vehicle involved in the **INCIDENT**.

25.0 [Reserved]

30.0 [Reserved]

40.0 [Reserved]

50.0 Contract

50.1 For each agreement alleged in the pleadings:
 (a) identify each **DOCUMENT** that is part of the agreement and for each state the name, **ADDRESS**, and telephone number of each **PERSON** who has the **DOCUMENT**;
 (b) state each part of the agreement not in writing, the name, **ADDRESS**, and telephone number of each **PERSON** agreeing to that provision, and the date that part of the agreement was made;
 (c) identify all **DOCUMENTS** that evidence any part of the agreement not in writing and for each state the name, **ADDRESS**, and telephone number of each **PERSON** who has the **DOCUMENT**;
 (d) identify all **DOCUMENTS** that are part of any modification to the agreement, and for each state the name, **ADDRESS**, and telephone number of each **PERSON** who has the **DOCUMENT**;
 (e) state each modification not in writing, the date, and the name, **ADDRESS**, and telephone number of each **PERSON** agreeing to the modification, and the date the modification was made;
 (f) identify all **DOCUMENTS** that evidence any modification of the agreement not in writing and for each state the name, **ADDRESS**, and telephone number of each **PERSON** who has the **DOCUMENT**.

50.2 Was there a breach of any agreement alleged in the pleadings? If so, for each breach describe and give the date of every act or omission that you claim is the breach of the agreement.

50.3 Was performance of any agreement alleged in the pleadings excused? If so, identify each agreement excused and state why performance was excused.

50.4 Was any agreement alleged in the pleadings terminated by mutual agreement, release, accord and satisfaction, or novation? If so, identify each agreement terminated, the date of termination, and the basis of the termination.

50.5 Is any agreement alleged in the pleadings unenforceable? If so, identify each unenforceable agreement and state why it is unenforceable.

50.6 Is any agreement alleged in the pleadings ambiguous? If so, identify each ambiguous agreement and state why it is ambiguous.

60.0 [Reserved]

- (b) **YOU OR ANYONE ACTING ON YOUR BEHALF** includes you, your agents, your employees, your insurance companies, their agents, their employees, your attorneys, your accountants, your investigators, and anyone else acting on your behalf.
- (c) **EMPLOYMENT** means a relationship in which an **EMPLOYEE** provides services requested by or on behalf of an **EMPLOYER**, other than an independent contractor relationship.
- (d) **EMPLOYEE** means a **PERSON** who provides services in an **EMPLOYMENT** relationship and who is a party to this lawsuit. For purposes of these interrogatories, **EMPLOYEE** refers to *(insert name)*:

(If no name is inserted, EMPLOYEE means all such PERSONS.)
- (e) **EMPLOYER** means a **PERSON** who employs an **EMPLOYEE** to provide services in an **EMPLOYMENT** relationship and who is a party to this lawsuit. For purposes of these interrogatories, **EMPLOYER** refers to *(insert name)*:

(If no name is inserted, EMPLOYER means all such PERSONS.)
- (f) **ADVERSE EMPLOYMENT ACTION** means any **TERMINATION**, suspension, demotion, reprimand, loss of pay, failure or refusal to hire, failure or refusal to promote, or other action or failure to act that adversely affects the **EMPLOYEE'S** rights or interests and which is alleged in the **PLEADINGS**.
- (g) **TERMINATION** means the actual or constructive termination of employment and includes a discharge, firing, layoff, resignation, or completion of the term of the employment agreement.
- (h) **PUBLISH** means to communicate orally or in writing to anyone other than the plaintiff. This includes communications by one of the defendant's employees to others. *(Kelly v. General Telephone Co. (1982) 136 Cal.App.3d 278, 284.)*
- (i) **PLEADINGS** means the original or most recent amended version of any complaint, answer, cross-complaint, or answer to cross-complaint.
- (j) **BENEFIT** means any benefit from an **EMPLOYER**, including an "employee welfare benefit plan" or employee pension benefit plan" within the meaning of Title 29 United States Code section 1002(1) or (2) or ERISA.
- (k) **HEALTH CARE PROVIDER** includes any **PERSON** referred to in Code of Civil Procedure section 667.7(e)(3).
- (l) **DOCUMENT** means a writing, as defined in Evidence Code section 250, and includes the original or a copy of handwriting, typewriting, printing, photostats, photographs, electronically stored information, and every other means of recording upon any tangible thing and form of communicating or representation, including letters, words, pictures, sounds, or symbols, or combinations of them.
- (m) **ADDRESS** means the street address, including the city, state, and zip code.

Sec. 5. Interrogatories

The following interrogatories for employment law cases have been approved by the Judicial Council under Code of Civil Procedure section 2033.710:

CONTENTS

- 200.0 Contract Formation
- 201.0 Adverse Employment Action
- 202.0 Discrimination Interrogatories to Employee
- 203.0 Harassment Interrogatories to Employee
- 204.0 Disability Discrimination
- 205.0 Discharge in Violation of Public Policy
- 206.0 Defamation
- 207.0 Internal Complaints
- 208.0 Governmental Complaints
- 209.0 Other Employment Claims by Employee or Against Employer
- 210.0 Loss of income Interrogatories to Employee
- 211.0 Loss of income Interrogatories to Employer
- 212.0 Physical, Mental, or Emotional Injuries—Interrogatories to Employee
- 213.0 Other Damages Interrogatories to Employee
- 214.0 Insurance
- 215.0 Investigation
- 216.0 Denials and Special or Affirmative Defenses
- 217.0 Response to Request for Admissions

200.0 Contract Formation

- 200.1 Do you contend that the **EMPLOYMENT** relationship was at "at will"? If so:
 - (a) state all facts upon which you base this contention;
 - (b) state the name, **ADDRESS**, and telephone number of each **PERSON** who has knowledge of those facts; and
 - (c) identify all **DOCUMENTS** that support your contention.
- 200.2 Do you contend that the **EMPLOYMENT** relationship was not "at will"? If so:
 - (a) state all facts upon which you base this contention;
 - (b) state the name, **ADDRESS**, and telephone number of each **PERSON** who has knowledge of those facts; and
 - (c) identify all **DOCUMENTS** that support your contention.
- 200.3 Do you contend that the **EMPLOYMENT** relationship was governed by any agreement—written, oral, or implied? If so:
 - (a) state all facts upon which you base this contention;
 - (b) state the name, **ADDRESS**, and telephone number of each **PERSON** who has knowledge of those facts; and
 - (c) identify all **DOCUMENTS** that support your contention.

- 200.4 Was any part of the parties' **EMPLOYMENT** relationship governed in whole or in part by any written rules, guidelines, policies, or procedures established by the **EMPLOYER**? If so, for each **DOCUMENT** containing the written rules, guidelines, policies, or procedures:
 - (a) state the date and title of the **DOCUMENT** and a general description of its contents;
 - (b) state the manner in which the **DOCUMENT** was communicated to employees; and
 - (c) state the manner, if any, in which employees acknowledged either receipt of the **DOCUMENT** or knowledge of its contents.

- 200.5 Was any part of the parties' **EMPLOYMENT** relationship covered by one or more collective bargaining agreements or memorandums of understanding between the **EMPLOYER** (or an association of employers) and any labor union or employee association? If so, for each collective bargaining agreement or memorandum of understanding, state:
 - (a) the names and **ADDRESSES** of the parties to the collective bargaining agreement or memorandum of understanding;
 - (b) the beginning and ending dates, if applicable, of the collective bargaining agreement or memorandum of understanding; and
 - (c) which parts of the collective bargaining agreement or memorandum of understanding, if any, govern (1) any dispute or claim referred to in the **PLEADINGS** and (2) the rules or procedures for resolving any dispute or claim referred to in the **PLEADINGS**.

- 200.6 Do you contend that the **EMPLOYEE** and the **EMPLOYER** were in a business relationship other than an **EMPLOYMENT** relationship? If so, for each relationship:
 - (a) state the names of the parties to the relationship;
 - (b) identify the relationship; and
 - (c) state all facts upon which you base your contention that the parties were in a relationship other than an **EMPLOYMENT** relationship.

201.0 Adverse Employment Action

- 201.1 Was the **EMPLOYEE** involved in a **TERMINATION**? If so:
 - (a) state all reasons for the **EMPLOYEE'S TERMINATION**;
 - (b) state the name, **ADDRESS**, and telephone number of each **PERSON** who participated in the **TERMINATION** decision;
 - (c) state the name, **ADDRESS**, and telephone number of each **PERSON** who provided any information relied upon in the **TERMINATION** decision; and
 - (d) identify all **DOCUMENTS** relied upon in the **TERMINATION** decision.

- 201.2 Are there any facts that would support the **EMPLOYEE'S TERMINATION** that were first discovered after the **TERMINATION**? If so:
 - (a) state the specific facts;
 - (b) state when and how **EMPLOYER** first learned of each specific fact;
 - (c) state the name, **ADDRESS**, and telephone number of each **PERSON** who has knowledge of the specific facts; and
 - (d) identify all **DOCUMENTS** that evidence these specific facts.

- 201.3 Were there any other **ADVERSE EMPLOYMENT ACTIONS**, including (the asking party should list the **ADVERSE EMPLOYMENT ACTIONS**):

If so, for each action, provide the following:

- (a) all reasons for each **ADVERSE EMPLOYMENT ACTION**;
- (b) the name, **ADDRESS**, and telephone number of each **PERSON** who participated in making each **ADVERSE EMPLOYMENT ACTION** decision;
- (c) the name, **ADDRESS**, and telephone number of each **PERSON** who provided any information relied upon in making each **ADVERSE EMPLOYMENT ACTION** decision; and
- (d) the identity of all **DOCUMENTS** relied upon in making each **ADVERSE EMPLOYMENT ACTION** decision.

- 201.4 Was the **TERMINATION** or any other **ADVERSE EMPLOYMENT ACTIONS** referred to in Interrogatories 201.1 through 201.3 based in whole or in part on the **EMPLOYEE'S** job performance? If so, for each action:
 - (a) identify the **ADVERSE EMPLOYMENT ACTION**;
 - (b) identify the **EMPLOYEE'S** specific job performance that played a role in that **ADVERSE EMPLOYMENT ACTION**;
 - (c) identify any rules, guidelines, policies, or procedures that were used to evaluate the **EMPLOYEE'S** specific job performance;
 - (d) state the names, **ADDRESSES**, and telephone numbers of all **PERSONS** who had responsibility for evaluating the specific job performance of the **EMPLOYEE**;
 - (e) state the names, **ADDRESSES**, and telephone numbers of all **PERSONS** who have knowledge of the **EMPLOYEE'S** specific job performance that played a role in that **ADVERSE EMPLOYMENT ACTION**; and
 - (f) describe all warnings given with respect to the **EMPLOYEE'S** specific job performance.

- 201.5 Was any **PERSON** hired to replace the **EMPLOYEE** after the **EMPLOYEE'S TERMINATION** or demotion? If so, state the **PERSON'S** name, job title, qualifications, **ADDRESS** and telephone number, and the date the **PERSON** was hired.
- 201.6 Has any **PERSON** performed any of the **EMPLOYEE'S** former job duties after the **EMPLOYEE'S TERMINATION** or demotion? If so:
 - (a) state the **PERSON'S** name, job title, **ADDRESS**, and telephone number;
 - (b) identify the duties; and
 - (c) state the date on which the **PERSON** started to perform the duties.
- 201.7 If the **ADVERSE EMPLOYMENT ACTION** involved the failure or refusal to select the **EMPLOYEE** (for example, for hire, promotion, transfer, or training), was any other **PERSON** selected instead? If so, for each **ADVERSE EMPLOYMENT ACTION**, state the name, **ADDRESS**, and telephone number of each **PERSON** selected; the date the **PERSON** was selected; and the reason the **PERSON** was selected instead of the **EMPLOYEE**.

202.0 Discrimination—Interrogatories to Employee

- 202.1 Do you contend that any **ADVERSE EMPLOYMENT ACTIONS** against you were discriminatory? If so:
 - (a) identify each **ADVERSE EMPLOYMENT ACTION** that involved unlawful discrimination;
 - (b) identify each characteristic (for example, gender, race, age, etc.) on which you base your claim or claims of discrimination;
 - (c) state all facts upon which you base each claim of discrimination;
 - (d) state the name, **ADDRESS**, and telephone number of each **PERSON** with knowledge of those facts; and
 - (e) identify all **DOCUMENTS** evidencing those facts.
- 202.2 State all facts upon which you base your contention that you were qualified to perform any job which you contend was denied to you on account of unlawful discrimination.

203.0 Harassment—Interrogatories to Employee

- 203.1 Do you contend that you were unlawfully harassed in your employment? If so:
 - (a) state the name, **ADDRESS**, telephone number, and employment position of each **PERSON** whom you contend harassed you;
 - (b) for each **PERSON** whom you contend harassed you, describe the harassment;

- (c) identify each characteristic (for example, gender, race, age, etc.) on which you base your claim of harassment;
- (d) state all facts upon which you base your contention that you were unlawfully harassed;
- (e) state the name, **ADDRESS**, and telephone number of each **PERSON** with knowledge of those facts; and
- (f) identify all **DOCUMENTS** evidencing those facts.

204.0 Disability Discrimination

- 204.1 Name and describe each disability alleged in the **PLEADINGS**.
- 204.2 Does the **EMPLOYEE** allege any injury or illness that arose out of or in the course of **EMPLOYMENT**? If so, state:
 - (a) the nature of such injury or illness;
 - (b) how such injury or illness occurred;
 - (c) the date on which such injury or illness occurred;
 - (d) whether **EMPLOYEE** has filed a workers' compensation claim. If so, state the date and outcome of the claim; and
 - (e) whether **EMPLOYEE** has filed or applied for disability benefits of any type. If so, state the date, identify the nature of the benefits applied for, and the outcome of any such application.
- 204.3 Were there any communications between the **EMPLOYEE** (or the **EMPLOYEE'S HEALTH CARE PROVIDER**) and the **EMPLOYER** about the type or extent of any disability of **EMPLOYEE**? If so:
 - (a) state the name, **ADDRESS**, and telephone number of each person who made or received the communications;
 - (b) state the name, **ADDRESS**, and telephone number of each **PERSON** who witnessed the communications;
 - (c) describe the date and substance of the communications; and
 - (d) identify each **DOCUMENT** that refers to the communications.
- 204.4 Did the **EMPLOYER** have any information about the type, existence, or extent of any disability of **EMPLOYEE** other than from communications with the **EMPLOYEE** or the **EMPLOYEE'S HEALTH CARE PROVIDER**? If so, state the sources and substance of that information and the name, **ADDRESS**, and telephone number of each **PERSON** who provided or received the information.

- 204.5 Did the **EMPLOYEE** need any accommodation to perform any function of the **EMPLOYEE'S** job position or need a transfer to another position as an accommodation? If so, describe the accommodations needed.

204.6 Were there any communications between the **EMPLOYEE** (or the **EMPLOYEE'S HEALTH CARE PROVIDER**) and the **EMPLOYER** about any possible accommodation of **EMPLOYEE**? If so, for each communication:

- (a) state the name, **ADDRESS**, and telephone number of each **PERSON** who made or received the communication;
- (b) state the name, **ADDRESS**, and telephone number of each **PERSON** who witnessed the communication;
- (c) describe the date and substance of the communication; and
- (d) identify each **DOCUMENT** that refers to the communication.

204.7 What did the **EMPLOYER** consider doing to accommodate the **EMPLOYEE**? For each accommodation considered:

- (a) describe the accommodation considered;
- (b) state whether the accommodation was offered to the **EMPLOYEE**;
- (c) state the **EMPLOYEE'S** response; or
- (d) if the accommodation was not offered, state all the reasons why this decision was made;
- (e) state the name, **ADDRESS**, and telephone number of each **PERSON** who on behalf of **EMPLOYER** made any decision about what accommodations, if any, to make for the **EMPLOYEE**; and
- (f) state the name, **ADDRESS**, and telephone number of each **PERSON** who on behalf of the **EMPLOYER** made or received any communications about what accommodations, if any, to make for the **EMPLOYEE**.

205.0 Discharge in Violation of Public Policy

205.1 Do you contend that the **EMPLOYER** took any **ADVERSE EMPLOYMENT ACTION** against you in violation of public policy? If so:

- (a) identify the constitutional provision, statute, regulation, or other source of the public policy that you contend was violated; and
- (b) state all facts upon which you base your contention that the **EMPLOYER** violated public policy.

206.0 Defamation

206.1 Did the **EMPLOYER'S** agents or employees **PUBLISH** any of the allegedly defamatory statements identified in the **PLEADINGS**? If so, for each statement:

- (a) identify the **PUBLISHED** statement;
- (b) state the name, **ADDRESS**, telephone number, and job title of each person who **PUBLISHED** the statement;
- (c) state the name, **ADDRESS**, and telephone number of each person to whom the statement was **PUBLISHED**;

- (d) state whether, at the time the statement was **PUBLISHED**, the **PERSON** who **PUBLISHED** the statement believed it to be true; and
- (e) state all facts upon which the **PERSON** who published the statement based the belief that it was true.

206.2 State the name and **ADDRESS** of each agent or employee of the **EMPLOYER** who responded to any inquiries regarding the **EMPLOYEE** after the **EMPLOYEE'S TERMINATION**.

206.3 State the name and **ADDRESS** of the recipient and the substance of each post-**TERMINATION** statement **PUBLISHED** about **EMPLOYEE** by any agent or employee of **EMPLOYER**.

207.0 Internal Complaints

207.1 Were there any internal written policies or regulations of the **EMPLOYER** that apply to the making of a complaint of the type that is the subject matter of this lawsuit? If so:

- (a) state the title and date of each **DOCUMENT** containing the policies or regulations and a general description of the **DOCUMENT'S** contents;
- (b) state the manner in which the **DOCUMENT** was communicated to **EMPLOYEES**;
- (c) state the manner, if any, in which **EMPLOYEES** acknowledged receipt of the **DOCUMENT** or knowledge of its contents, or both;
- (d) state, if you contend that the **EMPLOYEE** failed to use any available internal complaint procedures, all facts that support that contention; and
- (e) state, if you contend that the **EMPLOYEE'S** failure to use internal complaint procedures was excused, all facts why the **EMPLOYEE'S** use of the procedures was excused.

207.2 Did the **EMPLOYEE** complain to the **EMPLOYER** about any of the unlawful conduct alleged in the **PLEADINGS**? If so, for each complaint:

- (a) state the date of the complaint;
- (b) state the nature of the complaint;
- (c) state the name and **ADDRESS** of each **PERSON** to whom the complaint was made;
- (d) state the name, **ADDRESS**, telephone number, and job title of each **PERSON** who investigated the complaint;
- (e) state the name, **ADDRESS**, telephone number, and job title of each **PERSON** who participated in making decisions about how to conduct the investigation;

- (f) state the name, **ADDRESS**, telephone number, and job title of each **PERSON** who was interviewed or who provided an oral or written statement as part of the investigation of the complaint;
- (g) state the nature and date of any action taken in response to the complaint;
- (h) state whether the **EMPLOYEE** who made the complaint was made aware of the actions taken by the **EMPLOYER** in response to the complaint, and, if so, state how and when;
- (i) identify all **DOCUMENTS** relating to the complaint, the investigation, and any action taken in response to the complaint; and
- (j) state the name, **ADDRESS**, and telephone number of each **PERSON** who has knowledge of the **EMPLOYEE'S** complaint or the **EMPLOYER'S** response to the complaint.

208.0 Governmental Complaints

- 208.1 Did the **EMPLOYEE** file a claim, complaint, or charge with any governmental agency that involved any of the material allegations made in the **PLEADINGS**? If so, for each claim, complaint, or charge:
- (a) state the date on which it was filed;
 - (b) state the name and **ADDRESS** of the agency with which it was filed;
 - (c) state the number assigned to the claim, complaint, or charge by the agency;
 - (d) state the nature of each claim, complaint, or charge made;
 - (e) state the date on which the **EMPLOYER** was notified of the claim, complaint, or charge;
 - (f) state the name, **ADDRESS**, and telephone number of all **PERSONS** within the governmental agency with whom the **EMPLOYER** has had any contact or communication regarding the claim, complaint, or charge;
 - (g) state whether a right to sue notice was issued and, if so, when; and
 - (h) state whether any findings or conclusions regarding the complaint or charge have been made, and, if so, the date and description of the agency's findings or conclusions.
- 208.2 Did the **EMPLOYER** respond to any claim, complaint, or charge identified in Interrogatory 208.1? If so, for each claim, complaint, or charge:
- (a) state the nature and date of any investigation done or any other action taken by the **EMPLOYER** in response to the claim, complaint, or charge;
 - (b) state the name, **ADDRESS**, telephone number, and job title of each person who investigated the claim, complaint, or charge;
 - (c) state the name, **ADDRESS**, telephone number, and job title of each **PERSON** who participated in making decisions about how to conduct the investigation; and

- (d) state the name, **ADDRESS**, telephone number, and job title of each **PERSON** who was interviewed or who provided an oral or written statement as part of the investigation.

209.0 Other Employment Claims by Employee or Against Employer

- 209.1 Except for this action, in the past 10 years has the **EMPLOYEE** filed a civil action against any employer regarding the **EMPLOYEE'S** employment? If so, for each civil action:
- (a) state the name, **ADDRESS**, and telephone number of each employer against whom the action was filed;
 - (b) state the court, names of the parties, and case number of the civil action;
 - (c) state the name, **ADDRESS**, and telephone number of any attorney representing the **EMPLOYEE**; and
 - (d) state whether the action has been resolved or is pending.
- 209.2 Except for this action, in the past 10 years has any employee filed a civil action against the **EMPLOYER** regarding his or her employment? If so, for each civil action:
- (a) state the name, **ADDRESS**, and telephone number of each employee who filed the action;
 - (b) state the court, names of the parties, and case number of the civil action;
 - (c) state the name, **ADDRESS**, and telephone number of any attorney representing the **EMPLOYER**; and
 - (d) state whether the action has been resolved or is pending.

210.0 Loss of Income—Interrogatories to Employee

- 210.1 Do you attribute any loss of income, benefits, or earning capacity to any **ADVERSE EMPLOYMENT ACTION**? (If your answer is "no," do not answer Interrogatories 210.2 through 210.6.)
- 210.2 State the total amount of income, benefits, or earning capacity you have lost to date and how the amount was calculated.
- 210.3 Will you lose income, benefits, or earning capacity in the future as a result of any **ADVERSE EMPLOYMENT ACTION**? If so, state the total amount of income, benefits, or earning capacity you expect to lose, and how the amount was calculated.
- 210.4 Have you attempted to minimize the amount of your lost income? If so, describe how; if not, explain why not.

210.5 Have you purchased any benefits to replace any benefits to which you would have been entitled if the **ADVERSE EMPLOYMENT ACTION** had not occurred? If so, state the cost for each benefit purchased.

210.6 Have you obtained other employment since any **ADVERSE EMPLOYMENT ACTION**? If so, for each new employment:

- (a) state when the new employment commenced;
- (b) state the hourly rate or monthly salary for the new employment; and
- (c) state the benefits available from the new employment.

211.0 Loss of Income—Interrogatories to Employer
[See instruction 2(d).]

211.1 Identify each type of **BENEFIT** to which the **EMPLOYEE** would have been entitled, from the date of the **ADVERSE EMPLOYMENT ACTION** to the present, if the **ADVERSE EMPLOYMENT ACTION** had not happened and the **EMPLOYEE** had remained in the same job position. For each type of benefit, state the amount the **EMPLOYER** would have paid to provide the benefit for the **EMPLOYEE** during this time period and the value of the **BENEFIT** to the **EMPLOYEE**.

211.2 Do you contend that the **EMPLOYEE** has not made reasonable efforts to minimize the amount of the **EMPLOYEE'S** lost income? If so:

- (a) describe what more **EMPLOYEE** should have done;
- (b) state the names, **ADDRESSES**, and telephone numbers of all **PERSONS** who have knowledge of the facts that support your contention; and
- (c) identify all **DOCUMENTS** that support your contention and state the name, **ADDRESS**, and telephone number of the **PERSON** who has each **DOCUMENT**.

211.3 Do you contend that any of the lost income claimed by the **EMPLOYEE**, as disclosed in discovery thus far in this case, is unreasonable or was not caused by the **ADVERSE EMPLOYMENT ACTION**? If so:

- (a) state the amount of claimed lost income that you dispute;
- (b) state all facts upon which you base your contention;
- (c) state the names, **ADDRESSES**, and telephone numbers of all **PERSONS** who have knowledge of the facts; and
- (d) identify all **DOCUMENTS** that support your contention and state the name, **ADDRESS**, and telephone number of the **PERSON** who has each **DOCUMENT**.

212.0 Physical, Mental, or Emotional Injuries—
Interrogatories to Employee

212.1 Do you attribute any physical, mental, or emotional injuries to the **ADVERSE EMPLOYMENT ACTION**? (If your answer is "no," do not answer Interrogatories 212.2 through 212.7.)

212.2 Identify each physical, mental, or emotional injury that you attribute to the **ADVERSE EMPLOYMENT ACTION** and the area of your body affected.

212.3 Do you still have any complaints of physical, mental, or emotional injuries that you attribute to the **ADVERSE EMPLOYMENT ACTION**? If so, for each complaint state:

- (a) a description of the injury;
- (b) whether the complaint is subsiding, remaining the same, or becoming worse; and
- (c) the frequency and duration.

212.4 Did you receive any consultation or examination (except from expert witnesses covered by Code of Civil Procedure section 2034) or treatment from a **HEALTH CARE PROVIDER** for any injury you attribute to the **ADVERSE EMPLOYMENT ACTION**? If so, for each **HEALTH CARE PROVIDER** state:

- (a) the name, **ADDRESS**, and telephone number;
- (b) the type of consultation, examination, or treatment provided;
- (c) the dates you received consultation, examination, or treatment; and
- (d) the charges to date.

212.5 Have you taken any medication, prescribed or not, as a result of injuries that you attribute to the **ADVERSE EMPLOYMENT ACTION**? If so, for each medication state:

- (a) the name of the medication;
- (b) the name, **ADDRESS** and telephone number of the **PERSON** who prescribed or furnished it;
- (c) the date prescribed or furnished;
- (d) the dates you began and stopped taking it; and
- (e) the cost to date.

212.6 Are there any other medical services not previously listed in response to interrogatory 212.4 (for example, ambulance, nursing, prosthetics) that you received for injuries attributed to the **ADVERSE EMPLOYMENT ACTION**? If so, for each service state:

- (a) the nature;
- (b) the date;
- (c) the cost; and
- (d) the name, **ADDRESS**, and telephone number of each **HEALTH CARE PROVIDER**.

212.7 Has any **HEALTH CARE PROVIDER** advised that you may require future or additional treatment for any injuries that you attribute to the **ADVERSE EMPLOYMENT ACTION**? If so, for each injury state:

- (a) the name and **ADDRESS** of each **HEALTH CARE PROVIDER**;
- (b) the complaints for which the treatment was advised; and
- (c) the nature, duration, and estimated cost of the treatment.

213.0 Other Damages—Interrogatories to Employee

213.1 Are there any other damages that you attribute to the **ADVERSE EMPLOYMENT ACTION**? If so, for each item of damage state:

- (a) the nature;
- (b) the date it occurred;
- (c) the amount; and
- (d) the name, **ADDRESS**, and telephone number of each **PERSON** who has knowledge of the nature or amount of the damage.

213.2 Do any **DOCUMENTS** support the existence or amount of any item of damages claimed in Interrogatory 213.1? If so, identify the **DOCUMENTS** and state the name, **ADDRESS**, and telephone number of the **PERSON** who has each **DOCUMENT**.

214.0 Insurance

214.1 At the time of the **ADVERSE EMPLOYMENT ACTION**, was there in effect any policy of insurance through which you were or might be insured in any manner for the damages, claims, or actions that have arisen out of the **ADVERSE EMPLOYMENT ACTION**? If so, for each policy state:

- (a) the kind of coverage;
- (b) the name and **ADDRESS** of the insurance company;
- (c) the name, **ADDRESS**, and telephone number of each named insured;
- (d) the policy number;
- (e) the limits of coverage for each type of coverage contained in the policy;
- (f) whether any reservation of rights or controversy or coverage dispute exists between you and the insurance company; and
- (g) the name, **ADDRESS**, and telephone number of the custodian of the policy.

214.2 Are you self-insured under any statute for the damages, claims, or actions that have arisen out of the **ADVERSE EMPLOYMENT ACTION**? If so, specify the statute.

215.0 Investigation

215.1 Have **YOU OR ANYONE ACTING ON YOUR BEHALF** interviewed any individual concerning the **ADVERSE EMPLOYMENT ACTION**? If so, for each individual state:

- (a) the name, **ADDRESS**, and telephone number of the individual interviewed;
- (b) the date of the interview; and
- (c) the name, **ADDRESS**, and telephone number of the **PERSON** who conducted the interview.

215.2 Have **YOU OR ANYONE ACTING ON YOUR BEHALF** obtained a written or recorded statement from any individual concerning the **ADVERSE EMPLOYMENT ACTION**? If so, for each statement state:

- (a) the name, **ADDRESS**, and telephone number of the individual from whom the statement was obtained;
- (b) the name, **ADDRESS**, and telephone number of the individual who obtained the statement;
- (c) the date the statement was obtained; and
- (d) the name, **ADDRESS**, and telephone number of each **PERSON** who has the original statement or a copy.

216.0 Denials and Special or Affirmative Defenses

216.1 Identify each denial of a material allegation and each special or affirmative defense in your **PLEADINGS** and for each:

- (a) state all facts upon which you base the denial or special or affirmative defense;
- (b) state the names, **ADDRESSES**, and telephone numbers of all **PERSONS** who have knowledge of those facts; and
- (c) identify all **DOCUMENTS** and all other tangible things, that support your denial or special or affirmative defense, and state the name, **ADDRESS**, and telephone number of the **PERSON** who has each **DOCUMENT**.

217.0 Response to Request for Admissions

217.1 Is your response to each request for admission served with these interrogatories an unqualified admission? If not, for each response that is not an unqualified admission:

- (a) state the number of the request;
- (b) state all facts upon which you base your response;
- (c) state the names, **ADDRESSES**, and telephone numbers of all **PERSONS** who have knowledge of those facts; and
- (d) identify all **DOCUMENTS** and other tangible things that support your response and state the name, **ADDRESS**, and telephone number of the **PERSON** who has each **DOCUMENT** or thing.

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, State Bar number, and address): ATTORNEY FOR (Name): SUPERIOR COURT OF CALIFORNIA, COUNTY OF: SHORT TITLE:	<p style="text-align: center;">UNLAWFUL DETAINER ASSISTANT (Check one box): An unlawful detainer assistant <input type="checkbox"/> did <input type="checkbox"/> did not for compensation give advice or assistance with this form. (If one did, state the following): ASSISTANT'S NAME: ADDRESS: TEL. NO.: COUNTY OF REGISTRATION: REGISTRATION NO.: EXPIRES (DATE):</p>
FORM INTERROGATORIES—UNLAWFUL DETAINER	
Asking Party: Answering Party: Set No.:	CASE NUMBER:

Sec. 1. Instructions to All Parties

(a) These are general instructions. For time limitations, requirements for service on other parties, and other details, see Code of Civil Procedure sections 2030.010-2030.410 and the cases construing those sections.

(b) These interrogatories do not change existing law relating to interrogatories nor do they affect an answering party's right to assert any privilege or objection.

Sec. 2. Instructions to the Asking Party

(a) These interrogatories are designed for optional use in unlawful detainer proceedings.

(b) There are restrictions that generally limit the number of interrogatories that may be asked and the form and use of the interrogatories. For details, read Code of Civil Procedure sections 2030.030–2030.070.

(c) In determining whether to use these or any interrogatories, you should be aware that abuse can be punished by sanctions, including fines and attorney fees. See Code of Civil Procedure section 128.7.

(d) Check the box next to each interrogatory that you want the answering party to answer. Use care in choosing those interrogatories that are applicable to the case.

(e) Additional interrogatories may be attached.

Sec. 3. Instructions to the Answering Party

(a) An answer or other appropriate response must be given to each interrogatory checked by the asking party. Failure to respond to these interrogatories properly can be punished by sanctions, including contempt proceedings, fine, attorneys fees, and the loss of your case. See Code of Civil Procedure sections 128.7 and 2030.300.

(b) As a general rule, within five days after you are served with these interrogatories, you must serve your responses on the asking party and serve copies of your responses on all other parties to the action who have appeared. See Code of Civil Procedure sections 2030.260–2030.270 for details.

(c) Each answer must be as complete and straightforward as the information reasonably available to you permits. If an interrogatory cannot be answered completely, answer it to the extent possible.

(d) If you do not have enough personal knowledge to fully answer an interrogatory, say so, but make a reasonable and good faith effort to get the information by asking other persons or organizations, unless the information is equally available to the asking party.

(e) Whenever an interrogatory may be answered by referring to a document, the document may be attached as an exhibit to the response and referred to in the response. If the document has more than one page, refer to the page and section where the answer to the interrogatory can be found.

(f) Whenever an address and telephone number for the same person are requested in more than one interrogatory, you are required to furnish them in answering only the first interrogatory asking for that information.

(g) Your answers to these interrogatories must be verified, dated, and signed. You may wish to use the following form *at the end of your answers*:

I declare under penalty of perjury under the laws of the State of California that the foregoing answers are true and correct.

(DATE)

(SIGNATURE)

Sec. 4. Definitions

Words in **BOLDFACE CAPITALS** in these interrogatories are defined as follows:

(a) **PERSON** includes a natural person, firm, association, organization, partnership, business, trust, corporation, or public entity.

(b) **PLAINTIFF** includes any **PERSON** who seeks recovery of the **RENTAL UNIT** whether acting as an individual or on someone else's behalf and includes all such **PERSONS** if more than one.

(c) **LANDLORD** includes any **PERSON** who offered the **RENTAL UNIT** for rent and any **PERSON** on whose behalf the **RENTAL UNIT** was offered for rent and their successors in interest. **LANDLORD** includes all **PERSONS** who managed the **PROPERTY** while defendant was in possession.

(d) **RENTAL UNIT** is the premises **PLAINTIFF** seeks to recover.

(e) **PROPERTY** is the building or parcel (including common areas) of which the **RENTAL UNIT** is a part. (For example, if **PLAINTIFF** is seeking to recover possession of apartment number 12 of a 20-unit building, the building is the **PROPERTY** and apartment 12 is the **RENTAL UNIT**. If **PLAINTIFF** seeks possession of cottage number 3 in a five-cottage court or complex, the court or complex is the **PROPERTY** and cottage 3 is the **RENTAL UNIT**.)

(f) **DOCUMENT** means a writing, as defined in Evidence Code section 250, and includes the original or a copy of handwriting, typewriting, printing, photostating, photographing, electronically stored information, and every other means of recording upon any tangible thing and form of communicating or representation, including letters, words, pictures, sounds, or symbols, or combinations of them.

(g) **NOTICE TO QUIT** includes the original or copy of any notice mentioned in Code of Civil Procedure section 1161 or Civil Code section 1946, including a 3-day notice to pay rent and quit the **RENTAL UNIT**, a 3-day notice to perform conditions or covenants or quit, a 3-day notice to quit, and a 30-day notice of termination.

(h) **ADDRESS** means the street address, including the city, state, and zip code.

Sec. 5. Interrogatories

The following interrogatories have been approved by the Judicial Council under section 2033.710 of the Code of Civil Procedure for use in unlawful detainer proceedings:

CONTENTS

- 70.0 General
- 71.0 Notice
- 72.0 Service
- 73.0 Malicious Holding Over
- 74.0 Rent Control and Eviction Control
- 75.0 Breach of Warranty to Provide Habitable Premises
- 76.0 Waiver, Change, Withdrawal, or Cancellation of Notice to Quit
- 77.0 Retaliation and Arbitrary Discrimination
- 78.0 Nonperformance of the Rental Agreement by Landlord
- 79.0 Offer of Rent by Defendant
- 80.0 Deduction from Rent for Necessary Repairs
- 81.0 Fair Market Rental Value

70.0 General

[Either party may ask any applicable question in this section.]

70.1 State the name, **ADDRESS**, telephone number, and relationship to you of each **PERSON** who prepared or assisted in the preparation of the responses to these interrogatories. (Do not identify anyone who simply typed or reproduced the responses.)

- 70.2 Is **PLAINTIFF** an owner of the **RENTAL UNIT**? If so, state:
 - (a) the nature and percentage of ownership interest;
 - (b) the date **PLAINTIFF** first acquired this ownership interest.
- 70.3 Does **PLAINTIFF** share ownership or lack ownership? If so, state the name, the **ADDRESS**, and the nature and percentage of ownership interest of each owner.
- 70.4 Does **PLAINTIFF** claim the right to possession other than as an owner of the **RENTAL UNIT**? If so, state the basis of the claim.
- 70.5 Has **PLAINTIFF'S** interest in the **RENTAL UNIT** changed since acquisition? If so, state the nature and dates of each change.
- 70.6 Are there other rental units on the **PROPERTY**? If so, state how many.
- 70.7 During the 12 months before this proceeding was filed, did **PLAINTIFF** possess a permit or certificate of occupancy for the **RENTAL UNIT**? If so, for each state:
 - (a) the name and **ADDRESS** of each **PERSON** named on the permit or certificate;
 - (b) the dates of issuance and expiration;
 - (c) the permit or certificate number
- 70.8 Has a last month's rent, security deposit, cleaning fee, rental agency fee, credit check fee, key deposit, or any other deposit been paid on the **RENTAL UNIT**? If so, for each item state:
 - (a) the purpose of the payment;
 - (b) the date paid;
 - (c) the amount;
 - (d) the form of payment;
 - (e) the name of the **PERSON** paying;
 - (f) the name of the **PERSON** to whom it was paid;
 - (g) any **DOCUMENT** which evidences payment and the name, **ADDRESS**, and telephone number of each **PERSON** who has the **DOCUMENT**;
 - (h) any adjustments or deductions including facts.
- 70.9 State the date defendant first took possession of the **RENTAL UNIT**.
- 70.10 State the date and all the terms of any rental agreement between defendant and the **PERSON** who rented to defendant.
- 70.1 For each agreement alleged in the pleadings:
 - (a) identify all **DOCUMENTS** that are part of the agreement and for each state the name, **ADDRESS**, and telephone number of each **PERSON** who has the **DOCUMENT**;
 - (b) state each part of the agreement not in writing, the name, **ADDRESS**, and telephone number of each **PERSON** agreeing to that provision, and the date that part of the agreement was made;
 - (c) identify all **DOCUMENTS** that evidence each part of the agreement not in writing and for each state the name, **ADDRESS**, and telephone number of each **PERSON** who has the **DOCUMENT**;
 - (d) identify all **DOCUMENTS** that are part of each modification to the agreement, and for each state

the name, **ADDRESS**, and telephone number of each **PERSON** who has the **DOCUMENT** (see also §71.5);

- (e) state each modification not in writing, the date, and the name, **ADDRESS**, and telephone number of the **PERSON** agreeing to the modification, and the date the modification was made (see also §71.5).
- (f) identify all **DOCUMENTS** that evidence each modification of the agreement not in writing and for each state the name, **ADDRESS**, and telephone number of each **PERSON** who has the **DOCUMENT** (see also §71.5).

- 70.12 Has any **PERSON** acting on the **PLAINTIFF'S** behalf been responsible for any aspect of managing or maintaining the **RENTAL UNIT** or **PROPERTY**? If so, for each **PERSON** state:
 - (a) the name, **ADDRESS**, and telephone number;
 - (b) the dates the **PERSON** managed or maintained the **RENTAL UNIT** or **PROPERTY**;
 - (c) the **PERSON'S** responsibilities.

- 70.13 For each **PERSON** who occupies any part of the **RENTAL UNIT** (except occupants named in the complaint and occupants' children under 17) state:
 - (a) the name, **ADDRESS**, telephone number, and birthdate;
 - (b) the inclusive dates of occupancy;
 - (c) a description of the portion of the **RENTAL UNIT** occupied;
 - (d) the amount paid, the term for which it was paid, and the person to whom it was paid;
 - (e) the nature of the use of the **RENTAL UNIT**;
 - (f) the name, **ADDRESS**, and telephone number of the person who authorized occupancy;
 - (g) how occupancy was authorized, including failure of the **LANDLORD** or **PLAINTIFF** to protest after discovering the occupancy.

- 70.14 Have you or anyone acting on your behalf obtained any **DOCUMENT** concerning the tenancy between any occupant of the **RENTAL UNIT** and any **PERSON** with an ownership interest or managerial responsibility for the **RENTAL UNIT**? If so, for each **DOCUMENT** state:
 - (a) the name, **ADDRESS**, and telephone number of each individual from whom the **DOCUMENT** was obtained;
 - (b) the name, **ADDRESS**, and telephone number of each individual who obtained the **DOCUMENT**;
 - (c) the date the **DOCUMENT** was obtained;
 - (d) the name, **ADDRESS**, and telephone number of each **PERSON** who has the **DOCUMENT** (original or copy).

71.0 Notice

[If a defense is based on allegations that the 3-day notice or 30-day NOTICE TO QUIT is defective in form or content, then either party may ask any applicable question in this section.]

- 71.1 Was the **NOTICE TO QUIT** on which **PLAINTIFF** bases this proceeding attached to the complaint? If not, state the contents of this notice.
- 71.2 State all reasons that the **NOTICE TO QUIT** was served and for each reason:
 - (a) state all facts supporting **PLAINTIFF'S** decision to terminate defendant's tenancy;

- (b) state the names, **ADDRESSES**, and telephone numbers of all **PERSONS** who have knowledge of the facts;
- (c) identify all **DOCUMENTS** that support the facts and state the name, **ADDRESS**, and telephone number of each **PERSON** who has each **DOCUMENT**.

- 71.3 List all rent payments and rent credits made or claimed by or on behalf of defendant beginning 12 months before the **NOTICE TO QUIT** was served. For each payment or credit state:
 - (a) the amount;
 - (b) the date received;
 - (c) the form in which any payment was made;
 - (d) the services performed or other basis for which a credit is claimed;
 - (e) the period covered;
 - (f) the name of each **PERSON** making the payment or earning the credit;
 - (g) the identity of all **DOCUMENTS** evidencing the payment or credit and for each state the name, **ADDRESS**, and telephone number of each **PERSON** who has the **DOCUMENT**.

- 71.4 Did defendant ever fail to pay the rent on time? If so, for each late payment state:
 - (a) the date;
 - (b) the amount of any late charge;
 - (c) the identity of all **DOCUMENTS** recording the payment and for each state the name, **ADDRESS**, and telephone number of each **PERSON** who has the **DOCUMENT**.

- 71.5 Since the beginning of defendant's tenancy, has **PLAINTIFF** ever raised the rent? If so, for each rent increase state:
 - (a) the date the increase became effective;
 - (b) the amount;
 - (c) the reasons for the rent increase;
 - (d) how and when defendant was notified of the increase;
 - (e) the identity of all **DOCUMENTS** evidencing the increase and for each state the name, **ADDRESS**, and telephone number of each **PERSON** who has the **DOCUMENT**.

[See also section 70.11 (d) - (f).]

- 71.6 During the 12 months before the **NOTICE TO QUIT** was served was there a period during which there was no permit or certificate of occupancy for the **RENTAL UNIT**? If so, for each period state:
 - (a) the inclusive dates;
 - (b) the reasons.
- 71.7 Has any **PERSON** ever reported any nuisance or disturbance at or destruction of the **RENTAL UNIT** or **PROPERTY** caused by defendant or other occupant of the **RENTAL UNIT** or their guests? If so, for each report state:
 - (a) a description of the disturbance or destruction;
 - (b) the date of the report;
 - (c) the name of the **PERSON** who reported;
 - (d) the name of the **PERSON** to whom the report was made;
 - (e) what action was taken as a result of the report;
 - (f) the identity of all **DOCUMENTS** evidencing the report and for each state the name, **ADDRESS**, and telephone number of each **PERSON** who has each **DOCUMENT**.

- 71.8 Does the complaint allege violation of a term of a rental agreement or lease (other than nonpayment of rent)? If so, for each covenant:
- identify the covenant breached;
 - state the facts supporting the allegation of a breach;
 - state the names, **ADDRESSES**, and telephone numbers of all **PERSONS** who have knowledge of the facts;
 - identify all **DOCUMENTS** that support the facts and state the name, **ADDRESS**, and telephone number of each **PERSON** who has each **DOCUMENT**.

- 71.9 Does the complaint allege that the defendant has been using the **RENTAL UNIT** for an illegal purpose? If so, for each purpose:
- identify the illegal purpose;
 - state the facts supporting the allegations of illegal use;
 - state the names, **ADDRESSES**, and telephone numbers of all **PERSONS** who have knowledge of the facts;
 - identify all **DOCUMENTS** that support the facts and state the name, **ADDRESS**, and telephone number of each **PERSON** who has each **DOCUMENT**.

[Additional interrogatories on this subject may be found in sections 75.0, 78.0, 79.0, and 80.0.]

72.0 Service

*[If a defense is based on allegations that the **NOTICE TO QUIT** was defectively served, then either party may ask any applicable question in this section.]*

- 72.1 Does defendant contend (or base a defense or make any allegations) that the **NOTICE TO QUIT** was defectively served? If the answer is "no", do not answer interrogatories 72.2 through 72.3.
- 72.2 Does **PLAINTIFF** contend that the **NOTICE TO QUIT** referred to in the complaint was served? If so, state:
- the kind of notice;
 - the date and time of service;
 - the manner of service;
 - the name and **ADDRESS** of the person who served it;
 - a description of any **DOCUMENT** or conversation between defendant and the person who served the notice.
- 72.3 Did any person receive the **NOTICE TO QUIT** referred to in the complaint? If so, for each copy of each notice state:
- the name of the person who received it;
 - the kind of notice;
 - how it was delivered;
 - the date received;
 - where it was delivered;
 - the identity of all **DOCUMENTS** evidencing the notice and for each state the name, **ADDRESS**, and telephone number of each **PERSON** who has the **DOCUMENT**.

73.0 Malicious Holding Over

[If a defendant denies allegations that defendant's continued possession is malicious, then either party may ask any applicable question in this section. Additional questions in section 75.0 may also be applicable.]

- 73.1 If any rent called for by the rental agreement is unpaid, state the reasons and the facts upon which the reasons are based.
- 73.2 Has defendant made attempts to secure other premises since the service of the **NOTICE TO QUIT** or since the service of the summons and complaint? If so, for each attempt:
- state all facts indicating the attempt to secure other premises;
 - state the names, **ADDRESSES**, and telephone numbers of all **PERSONS** who have knowledge of the facts;
 - identify all **DOCUMENTS** that support the facts and state the name, **ADDRESS**, and telephone number of each **PERSON** who has each **DOCUMENT**.
- 73.3 State the facts upon which **PLAINTIFF** bases the allegation of malice.

74.0 Rent Control and Eviction Control

- 74.1 Is there an ordinance or other local law in this jurisdiction which limits the right to evict tenants? If your answer is no, you need not answer sections 74.2 through 74.6.
- 74.2 For the ordinance or other local law limiting the right to evict tenants, state:
- the title or number of the law;
 - the locality.
- 74.3 Do you contend that the **RENTAL UNIT** is exempt from the eviction provisions of the ordinance or other local law identified in section 74.2? If so, state the facts upon which you base your contention.
- 74.4 Is this proceeding based on allegations of a need to recover the **RENTAL UNIT** for use of the **LANDLORD** or the landlord's relative? If so, for each intended occupant state:
- the name;
 - the residence **ADDRESSES** from three years ago to the present;
 - the relationship to the **LANDLORD**;
 - all the intended occupant's reasons for occupancy;
 - all rental units on the **PROPERTY** that were vacated within 60 days before and after the date the **NOTICE TO QUIT** was served.
- 74.5 Is the proceeding based on an allegation that the **LANDLORD** wishes to remove the **RENTAL UNIT** from residential use temporarily or permanently (for example, to rehabilitate, demolish, renovate, or convert)? If so, state:
- each reason for removing the **RENTAL UNIT** from residential use;
 - what physical changes and renovation will be made to the **RENTAL UNIT**;
 - the date the work is to begin and end;
 - the number, date, and type of each permit for the change or work;

- (e) the identity of each **DOCUMENT** evidencing the intended activity (for example, blueprints, plans, applications for financing, construction contracts) and the name, **ADDRESS**, and telephone number of each **PERSON** who has each **DOCUMENT**.

- 74.6 Is the proceeding based on any ground other than those stated in sections 74.4 and 74.5? If so, for each:
- (a) state each fact supporting or opposing the ground;
- (b) state the names, **ADDRESSES**, and telephone numbers of all **PERSONS** who have knowledge of the facts;
- (c) identify all **DOCUMENTS** evidencing the facts and state the name, **ADDRESS**, and telephone number of each **PERSON** who has each **DOCUMENT**.

75.0 Breach of Warranty to Provide Habitable Premises

[If plaintiff alleges nonpayment of rent and defendant bases his defense on allegations of implied or express breach of warranty to provide habitable residential premises, then either party may ask any applicable question in this section.]

- 75.1 Do you know of any conditions in violation of state or local building codes, housing codes, or health codes, conditions of dilapidation, or other conditions in need of repair in the **RENTAL UNIT** or on the **PROPERTY** that affected the **RENTAL UNIT** at any time defendant has been in possession? If so, state:
- (a) the type of condition;
- (b) the kind of corrections or repairs needed;
- (c) how and when you learned of these conditions;
- (d) how these conditions were caused;
- (e) the name, **ADDRESS**, and telephone number of each **PERSON** who has caused these conditions.
- 75.2 Have any corrections, repairs, or improvements been made to the **RENTAL UNIT** since the **RENTAL UNIT** was rented to defendant? If so, for each correction, repair, or improvement state:
- (a) a description giving the nature and location;
- (b) the date;
- (c) the name, **ADDRESS**, and telephone number of each **PERSON** who made the repairs or improvements;
- (d) the cost;
- (e) the identity of any **DOCUMENT** evidencing the repairs or improvements;
- (f) if a building permit was issued, state the issuing agencies and the permit number of your copy.
- 75.3 Did defendant or any other **PERSON** during 36 months before the **NOTICE TO QUIT** was served or during defendant's possession of the **RENTAL UNIT** notify the **LANDLORD** or his agent or employee about the condition of the **RENTAL UNIT** or **PROPERTY**? If so, for each written or oral notice state:
- (a) the substance;
- (b) who made it;
- (c) when and how it was made;
- (d) the name and **ADDRESS** of each **PERSON** to whom it was made;
- (e) the name and **ADDRESS** of each person who knows about it;
- (f) the identity of each **DOCUMENT** evidencing the notice and the name, **ADDRESS**, and telephone number of each **PERSON** who has it;

- (g) the response made to the notice;
- (h) the efforts made to correct the conditions;
- (i) whether the **PERSON** who gave notice was an occupant of the **PROPERTY** at the time of the complaint.

- 75.4 During the period beginning 36 months before the **NOTICE TO QUIT** was served to the present, was the **RENTAL UNIT** or **PROPERTY** (including other rental units) inspected for dilapidations or defective conditions by a representative of any governmental agency? If so, for each inspection state:
- (a) the date;
- (b) the reason;
- (c) the name of the governmental agency;
- (d) the name, **ADDRESS**, and telephone number of each inspector;
- (e) the identity of each **DOCUMENT** evidencing each inspection and the name, **ADDRESS**, and telephone number of each **PERSON** who has it.
- 75.5 During the period beginning 36 months before the **NOTICE TO QUIT** was served to the present, did **PLAINTIFF** or **LANDLORD** receive a notice or other communication regarding the condition of the **RENTAL UNIT** or **PROPERTY** (including other rental units) from a governmental agency? If so, for each notice or communication state:
- (a) the date received;
- (b) the identity of all parties;
- (c) the substance of the notice or communication;
- (d) the identity of each **DOCUMENT** evidencing the notice or communication and the name, **ADDRESS**, and telephone number of each **PERSON** who has it.
- 75.6 Was there any corrective action taken in response to the inspection or notice or communication identified in sections 75.4 and 75.5? If so, for each:
- (a) identify the notice or communication;
- (b) identify the condition;
- (c) describe the corrective action;
- (d) identify each **DOCUMENT** evidencing the corrective action and the name, **ADDRESS**, and telephone number of each **PERSON** who has it.
- 75.7 Has the **PROPERTY** been appraised for sale or loan during the period beginning 36 months before the **NOTICE TO QUIT** was served to the present? If so, for each appraisal state:
- (a) the date;
- (b) the name, **ADDRESS**, and telephone number of the appraiser;
- (c) the purpose of the appraisal;
- (d) the identity of each **DOCUMENT** evidencing the appraisal and the name, **ADDRESS**, and telephone number of each **PERSON** who has it.
- 75.8 Was any condition requiring repair or correction at the **PROPERTY** or **RENTAL UNIT** caused by defendant or other occupant of the **RENTAL UNIT** or their guests? If so, state:
- (a) the type and location of condition;
- (b) the kind of corrections or repairs needed;
- (c) how and when you learned of these conditions;
- (d) how and when these conditions were caused;
- (e) the name, **ADDRESS**, and telephone number of each **PERSON** who caused these conditions;

- (f) the identity of each **DOCUMENT** evidencing the repair (or correction) and the name, **ADDRESS**, and telephone number of each **PERSON** who has it.

[See also section 71.0 for additional questions.]

76.0 Waiver, Change, Withdrawal, or Cancellation of Notice to Quit

[If a defense is based on waiver, change, withdrawal, or cancellation of the **NOTICE TO QUIT**, then either party may ask any applicable question in this section.]

- 76.1 Did the **PLAINTIFF** or **LANDLORD** or anyone acting on his or her behalf do anything which is alleged to have been a waiver, change, withdrawal, or cancellation of the **NOTICE TO QUIT**? If so:
 - (a) state the facts supporting this allegation;
 - (b) state the names, **ADDRESSES**, and telephone numbers of all **PERSONS** who have knowledge of these facts;
 - (c) identify each **DOCUMENT** that supports the facts and state the name, **ADDRESS**, and telephone number of each **PERSON** who has it.

- 76.2 Did the **PLAINTIFF** or **LANDLORD** accept rent which covered a period after the date for vacating the **RENTAL UNIT** as specified in the **NOTICE TO QUIT**? If so:
 - (a) state the facts;
 - (b) state the names, **ADDRESSES**, and telephone numbers of all **PERSONS** who have knowledge of the facts;
 - (c) identify each **DOCUMENT** that supports the facts and state the name, **ADDRESS**, and telephone number of each **PERSON** who has it.

77.0 Retaliation and Arbitrary Discrimination

[If a defense is based on retaliation or arbitrary discrimination, then either party may ask any applicable question in this section.]

- 77.1 State all reasons that the **NOTICE TO QUIT** was served or that defendant's tenancy was not renewed and for each reason:
 - (a) state all facts supporting **PLAINTIFF'S** decision to terminate or not renew defendant's tenancy;
 - (b) state the names, **ADDRESSES**, and telephone numbers of all **PERSONS** who have knowledge of the facts;
 - (c) identify all **DOCUMENTS** that support the facts and state the name, **ADDRESS**, and telephone number of each **PERSON** who has it.

78.0 Nonperformance of the Rental Agreement by Landlord

[If a defense is based on nonperformance of the rental agreement by the **LANDLORD** or someone acting on the **LANDLORD'S** behalf, then either party may ask any applicable question in this section.]

- 78.1 Did the **LANDLORD** or anyone acting on the **LANDLORD'S** behalf agree to make repairs, alterations, or improvements at any time or provide services to the **PROPERTY** or **RENTAL UNIT**? If so, for each agreement state:
 - (a) the substance of the agreement;

- (b) when it was made;
- (c) whether it was written or oral;
- (d) by whom and to whom;
- (e) the name and **ADDRESS** of each person who knows about it;
- (f) whether all promised repairs, alterations, or improvements were completed or services provided;
- (g) the reasons for any failure to perform;
- (h) the identity of each **DOCUMENT** evidencing the agreement or promise and the name, **ADDRESS**, and telephone number of each **PERSON** who has it.

- 78.2 Has **PLAINTIFF** or **LANDLORD** or any resident of the **PROPERTY** ever committed disturbances or interfered with the quiet enjoyment of the **RENTAL UNIT** (including, for example, noise, acts which threaten the loss of title to the property or loss of financing, etc.)? If so, for each disturbance or interference, state:
 - (a) a description of each act;
 - (b) the date of each act;
 - (c) the name, **ADDRESS**, and telephone number of each **PERSON** who acted;
 - (d) the name, **ADDRESS**, and telephone number of each **PERSON** who witnessed each act and any **DOCUMENTS** evidencing the person's knowledge;
 - (e) what action was taken by the **PLAINTIFF** or **LANDLORD** to end or lessen the disturbance or interference.

79.0 Offer of Rent by Defendant

[If a defense is based on an offer of rent by a defendant which was refused, then either party may ask any applicable question in this section.]

- 79.1 Has defendant or anyone acting on the defendant's behalf offered any payments to **PLAINTIFF** which **PLAINTIFF** refused to accept? If so, for each offer state:
 - (a) the amount;
 - (b) the date;
 - (c) purpose of offer;
 - (d) the manner of the offer;
 - (e) the identity of the person making the offer;
 - (f) the identity of the person refusing the offer;
 - (g) the date of the refusal;
 - (h) the reasons for the refusal.

80.0 Deduction from Rent for Necessary Repairs

[If a defense to payment of rent or damages is based on claim of retaliatory eviction, then either party may ask any applicable question in this section. Additional questions in section 75.0 may also be applicable.]

- 80.1 Does defendant claim to have deducted from rent any amount which was withheld to make repairs after communication to the **LANDLORD** of the need for the repairs? If the answer is "no", do not answer interrogatories 80.2 through 80.6.
- 80.2 For each condition in need of repair for which a deduction was made, state:
 - (a) the nature of the condition;
 - (b) the location;
 - (c) the date the condition was discovered by defendant;
 - (d) the date the condition was first known by **LANDLORD** or **PLAINTIFF**;

- (e) the dates and methods of each notice to the **LANDLORD** or **PLAINTIFF** of the condition;
- (f) the response or action taken by the **LANDLORD** or **PLAINTIFF** to each notification;
- (g) the cost to remedy the condition and how the cost was determined;
- (h) the identity of any bids obtained for the repairs and any **DOCUMENTS** evidencing the bids.

80.3 Did **LANDLORD** or **PLAINTIFF** fail to respond within a reasonable time after receiving a communication of a need for repair? If so, for each communication state:

- (a) the date it was made;
- (b) how it was made;
- (c) the response and date;
- (d) why the delay was unreasonable.

80.4 Was there an insufficient period specified or actually allowed between the time of notification and the time repairs were begun by defendant to allow **LANDLORD** or **PLAINTIFF** to make the repairs? If so, state all facts on which the claim of insufficiency is based.

80.5 Does **PLAINTIFF** contend that any of the items for which rent deductions were taken were not allowable under law? If so, for each item state all reasons and facts on which you base your contention.

80.6 Has defendant vacated or does defendant anticipate vacating the **RENTAL UNIT** because repairs were requested and not made within a reasonable time? If so, state all facts on which defendant justifies having vacated the **RENTAL UNIT** or anticipates vacating the rental unit.

81.0 Fair Market Rental Value

*[If defendant denies **PLAINTIFF** allegation on the fair market rental value of the **RENTAL UNIT**, then either party may ask any applicable question in this section. If defendant claims that the fair market rental value is less because of a breach of warranty to provide habitable premises, then either party may also ask any applicable question in section 75. 0.]*

81.1 Do you have an opinion on the fair market rental value of the **RENTAL UNIT**? If so, state:

- (a) the substance of your opinion;
- (b) the factors upon which the fair market rental value is based;
- (c) the method used to calculate the fair market rental value.

81.2 Has any other **PERSON** ever expressed to you an opinion on the fair market rental value of the **RENTAL UNIT**? If so, for each **PERSON**:

- (a) state the name, **ADDRESS**, and telephone number;
- (b) state the substance of the **PERSON'S** opinion;
- (c) describe the conversation or identify all **DOCUMENTS** in which the **PERSON** expressed an opinion and state the name, **ADDRESS**, and telephone number of each **PERSON** who has each **DOCUMENT**.

81.3 Do you know of any current violations of state or local building codes, housing codes, or health codes, conditions of delapidation or other conditions in need of repair in the **RENTAL UNIT** or common areas that have affected the **RENTAL UNIT** at any time defendant has been in possession? If so, state:

- (a) the conditions in need of repair;
- (b) the kind of repairs needed;
- (c) the name, **ADDRESS**, and telephone number of each **PERSON** who caused these conditions.

(2) **INCIDENT** means (insert your definition here or on a separate, attached sheet labeled "Sec. 4(a) (2)");

(b) **YOU OR ANYONE ACTING ON YOUR BEHALF** includes you, your agents, your employees, your insurance companies, their agents, their employees, your attorneys, your accountants, your investigators, and anyone else acting on your behalf.

(c) **PERSON** includes a natural person, firm, association, organization, partnership, business, trust, corporation, or public entity.

(d) **DOCUMENT** means a writing, as defined in Evidence Code section 250, and includes the original or a copy of handwriting, typewriting, printing, photostating, photographing, electronically stored information, and every other means of recording upon any tangible thing and form of communicating or representation, including letters, words, pictures, sounds, or symbols, or combinations of them.

(e) **HEALTH CARE PROVIDER** includes any **PERSON** referred to in Code of Civil Procedure section 667.7(e)(3).

(f) **ADDRESS** means the street address, including the city, state, and zip code.

Sec. 5. Interrogatories

The following interrogatories have been approved by the Judicial Council under Code of Civil Procedure section 2033.710:

CONTENTS

- 101.0 Identity of Persons Answering These Interrogatories
- 102.0 General Background Information - Individual
- 103.0 General Background Information - Business Entity
- 104.0 Insurance
- 105.0 [Reserved]
- 106.0 Physical, Mental, or Emotional Injuries
- 107.0 Property Damage
- 108.0 Loss of Income or Earning Capacity
- 109.0 Other Damages
- 110.0 Medical History
- 111.0 Other Claims and Previous Claims
- 112.0 Investigation - General
- 113.0 [Reserved]
- 114.0 Statutory or Regulatory Violations
- 115.0 Claims and Defenses
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- 120.0 How the Incident Occurred - Motor Vehicle
- 125.0 [Reserved]
- 130.0 [Reserved]
- 135.0 [Reserved]
- 150.0 Contract
- 160.0 [Reserved]
- 170.0 [Reserved]

101.0 Identity of Persons Answering These Interrogatories

101.1 State the name, **ADDRESS**, telephone number, and relationship to you of each **PERSON** who prepared or assisted in the preparation of the responses to these interrogatories. (Do not identify anyone who simply typed or reproduced the responses.)

102.0 General Background Information - Individual

- 102.1 State your name, any other names by which you have been known, and your **ADDRESS**.
- 102.2 State the date and place of your birth.
- 102.3 State, as of the time of the **INCIDENT**, your driver's license number, the state of issuance, the expiration date, and any restrictions.
- 102.4 State each residence **ADDRESS** for the last five years and the dates you lived at each **ADDRESS**.
- 102.5 State the name, **ADDRESS**, and telephone number of each employer you have had over the past five years and the dates you worked for each.
- 102.6 Describe your work for each employer you have had over the past five years.
- 102.7 State the name and **ADDRESS** of each academic or vocational school you have attended, beginning with high school, and the dates you attended each.
- 102.8 If you have ever been convicted of a felony, state, for each, the offense, the date and place of conviction, and the court and case number.
- 102.9 State the name, **ADDRESS**, and telephone number of any **PERSON** for whom you were acting as an agent or employee at the time of the **INCIDENT**.
- 102.10 Describe any physical, emotional, or mental disability or condition that you had that may have contributed to the occurrence of the **INCIDENT**.
- 102.11 Describe the nature and quantity of any alcoholic beverage, marijuana, or other drug or medication of any kind that you used within 24 hours before the **INCIDENT**.

103.0 General Background Information - Business Entity

103.1 State your current business name and **ADDRESS**, type of business entity, and your title.

104.0 Insurance

104.1 State the name and **ADDRESS** of each insurance company and the policy number and policy limits of each policy that may cover you, in whole or in part, for the damages related to the **INCIDENT**.

105.0 [Reserved]

106.0 Physical, Mental, or Emotional Injuries

- 106.1 Describe each injury or illness related to the **INCIDENT**.
- 106.2 Describe your present complaints about each injury or illness related to the **INCIDENT**.
- 106.3 State the name, **ADDRESS**, and telephone number of each **HEALTH CARE PROVIDER** who treated or examined you for each injury or illness related to the **INCIDENT** and the dates of treatment or examination.

106.4 State the type of treatment or examination given to you by each **HEALTH CARE PROVIDER** for each injury or illness related to the **INCIDENT**.

106.5 State the charges made by each **HEALTH CARE PROVIDER** for each injury or illness related to the **INCIDENT**.

106.6 State the nature and cost of each health care service related to the **INCIDENT** not previously listed (for example, medication, ambulance, nursing, prosthetics).

106.7 State the nature and cost of the health care services you anticipate in the future as a result of the **INCIDENT**.

106.8 State the name and **ADDRESS** of each **HEALTH CARE PROVIDER** who has advised you that you may need future health care services as a result of the **INCIDENT**.

107.0 Property Damage

107.1 Itemize your property damage and, for each item, state the amount or attach an itemized bill or estimate.

108.0 Loss of Income or Earning Capacity

108.1 State the name and **ADDRESS** of each employer or other source of the earnings or income you have lost as a result of the **INCIDENT**.

108.2 Show how you compute the earnings or income you have lost, from each employer or other source, as a result of the **INCIDENT**.

108.3 State the name and **ADDRESS** of each employer or other source of the earnings or income you expect to lose in the future as a result of the **INCIDENT**.

108.4 Show how you compute the earnings or income you expect to lose in the future, from each employer or other source, as the result of the **INCIDENT**.

109.0 Other Damages

109.1 Describe each other item of damage or cost that you attribute to the **INCIDENT**, stating the dates of occurrence and the amount.

110.0 Medical History

110.1 Describe and give the date of each complaint or injury, whether occurring *before or after* **INCIDENT**, that involved the same part of your body claimed to have been injured in the **INCIDENT**.

110.2 State the name, **ADDRESS**, and telephone number of each **HEALTH CARE PROVIDER** who examined or treated you for each injury or complaint, whether occurring *before or after* the **INCIDENT**, that involved the same part of your body claimed to have been injured in the **INCIDENT** and the dates of examination or treatment.

111.0 Other Claims and Previous Claims

111.1 Identify each personal injury claim that **YOU OR ANYONE ACTING ON YOUR BEHALF** have made within the past ten years and the dates.

111.2 State the case name, court, and case number of each personal injury action or claim filed by **YOU OR ANYONE ACTING ON YOUR BEHALF** within the past ten years.

112.0 Investigation - General

112.1 State the name, **ADDRESS**, and telephone number of each individual who has knowledge of facts relating to the **INCIDENT**, and specify his or her area of knowledge.

112.2 State the name, **ADDRESS**, and telephone number of each individual who gave a written or recorded statement relating to the **INCIDENT** and the date of the statement.

112.3 State the name, **ADDRESS**, and telephone number of each **PERSON** who has the original or a copy of a written or recorded statement relating to the **INCIDENT**.

112.4 Identify each document or photograph that describes or depicts any place, object, or individual concerning the **INCIDENT** or plaintiff's injuries, or attach a copy. (if you do not attach a copy, state the name, **ADDRESS**, and telephone number of each **PERSON** who had the original document or photograph or a copy.)

112.5 Identify each other item of physical evidence that shows how the **INCIDENT** occurred or the nature or extent of plaintiff's injuries, and state the location of each item, and the name, **ADDRESS**, and telephone number of each **PERSON** who has it.

113.0 [Reserved]

114.0 Statutory or Regulatory Violations

114.1 If you contend that any **PERSON** involved in the **INCIDENT** violated any statute, ordinance, or regulation and that the violation was a cause of the **INCIDENT**, identify each **PERSON** and the statute, ordinance, or regulation.

115.0 Claims and Defenses

115.1 State in detail the facts upon which you base your claims that the **PERSON** asking this interrogatory is responsible for your damages.

115.2 State in detail the facts upon which you base your contention that you are not responsible, in whole or in part, for plaintiff's damages.

115.3 State the name, **ADDRESS**, and the telephone number of each **PERSON**, other than the **PERSON** asking this interrogatory, who is responsible, in whole or in part, for damages claimed in this action.

116.0 Defendant's Contentions - Personal Injury*[See Instruction 2(f)]*

- 116.1 If you contend that any **PERSON**, other than you or plaintiff, contributed to the occurrence of the **INCIDENT** or the injuries or damages claimed by plaintiff, state the name, **ADDRESS**, and telephone number of each individual who has knowledge of the facts upon which you base your contention.
- 116.2 If you contend that plaintiff was not injured in the **INCIDENT**, state the name, **ADDRESS**, and telephone number of each individual who has knowledge of the facts upon which you base your contention.
- 116.3 If you contend that the injuries or the extent of the injuries claimed by plaintiff were not caused by the **INCIDENT**, state the name, **ADDRESS**, and telephone number of each individual who has knowledge of the facts upon which you base your contention.
- 116.4 If you contend that any of the services furnished by any **HEALTH CARE PROVIDER** were not related to the **INCIDENT**, state the name, **ADDRESS**, and telephone number of each individual who has knowledge of the facts upon which you base your contention.
- 116.5 If you contend that any of the costs of services furnished by any **HEALTH CARE PROVIDER** were unreasonable, identify each service that you dispute, the cost, and the **HEALTH CARE PROVIDER**.
- 116.6 If you contend that any part of the loss of earnings or income claimed by plaintiff was unreasonable, identify each part of the loss that you dispute and each source of the income or earnings.
- 116.7 If you contend that any of the property damage claimed by plaintiff was not caused by the **INCIDENT**, identify each item of property damage that you dispute.
- 116.8 If you contend that any of the costs of repairing the property damage claimed by plaintiff were unreasonable, identify each cost item that you dispute.
- 116.9 If you contend that, within the last ten years, plaintiff made a claim for personal injuries that are related to the injuries claimed in the **INCIDENT**, identify each related injury and the date.
- 116.10 If you contend that, within the past ten years, plaintiff made a claim for personal injuries that are related to the injuries claimed in the **INCIDENT**, state the name, court, and case number of each action filed.

117.0 *[Reserved]***120.0 How the Incident Occurred - Motor Vehicle**

- 120.1 State how the **INCIDENT** occurred.
- 120.2 For each vehicle involved in the **INCIDENT**, state the year, make, model, and license number.
- 120.3 For each vehicle involved in the **INCIDENT**, state the name, **ADDRESS**, and telephone number of the driver.

- 120.4 For each vehicle involved in the **INCIDENT**, state the name, **ADDRESS**, and telephone number of each occupant other than the driver.
- 120.5 For each vehicle involved in the **INCIDENT**, state the name, **ADDRESS**, and telephone number of each registered owner.
- 120.6 For each vehicle involved in the **INCIDENT**, state the name, **ADDRESS**, and telephone number of each lessee.
- 120.7 For each vehicle involved in the **INCIDENT**, state the name, **ADDRESS**, and telephone number of each owner other than the registered owner or lien holder.
- 120.8 For each vehicle involved in the **INCIDENT**, state the name of each owner who gave permission or consent to the driver to operate the vehicle.

150.0 Contract

- 150.1 Identify all **DOCUMENTS** that are part of the agreement and for each state the name, **ADDRESS**, and telephone number of the **PERSON** who has each **DOCUMENT**.
- 150.2 State each part of the agreement not in writing, the name, **ADDRESS**, and telephone number of each **PERSON** agreeing to that provision, and the date that part of the agreement was made.
- 150.3 Identify all **DOCUMENTS** that evidence each part of the agreement not in writing, and for each state the name, **ADDRESS**, and telephone number of the **PERSON** who has each **DOCUMENT**.
- 150.4 Identify all **DOCUMENTS** that are part of each modification to the agreement, and for each state the name, **ADDRESS**, and telephone number of the **PERSON** who has each **DOCUMENT**.
- 150.5 State each modification not in writing, the date, and the name, **ADDRESS**, and telephone number of the **PERSON** agreeing to the modification, and the date the modification was made.
- 150.6 Identify all **DOCUMENTS** that evidence each modification of the agreement not in writing and for each state the name, **ADDRESS**, and telephone number of the **PERSON** who has each **DOCUMENT**.
- 150.7 Describe and give the date of every act or omission that you claim is a breach of the agreement.
- 150.8 Identify each agreement excused and state why performance was excused.
- 150.9 Identify each agreement terminated by mutual agreement and state why it was terminated, including dates.
- 150.10 Identify each unenforceable agreement and state the facts upon which your answer is based.
- 150.11 Identify each ambiguous agreement and state the facts upon which your answer is based.

DO NOT FILE WITH THE COURT
THIS IS NOT AN ANSWER OR RESPONSE TO THE COMPLAINT

DISC-010

SUPERIOR COURT OF CALIFORNIA, COUNTY OF	
PLAINTIFF (Name): DEFENDANT (Name):	CASE NUMBER
CASE QUESTIONNAIRE—FOR LIMITED CIVIL CASES (Under \$25,000)	

REQUESTING PARTY (Name):

RESPONDING PARTY (Name):

—INSTRUCTIONS—

A. The purpose of the case questionnaire is to help the parties settle their differences without spending a lot of money. This is accomplished by exchanging information about the case early in the lawsuit. The exchange of case questionnaires may be started only by a plaintiff (or cross-complainant) in a limited civil case. The case questionnaire is optional, and if plaintiff (or cross-complainant) exercises the option, only this form may be used.

B. Instructions for plaintiffs (and cross-complainants)

1. Under Code of Civil Procedure section 93, a plaintiff (or cross-complainant) *may* serve a *completed* case questionnaire and a blank questionnaire *with a complaint (or cross-complaint)*.
2. This is the only way you can require defendants (or cross-defendants) to serve you with a completed case questionnaire.

C. Instructions for defendants (and cross-defendants)

1. If you have been served with a completed case questionnaire by a plaintiff (or cross-complainant), then you must fill in the blank case questionnaire. Your completed case questionnaire must be served on that same plaintiff (or cross-complainant) *with* your answer to *the* complaint (or cross-complaint).
2. **THIS IS NOT AN ANSWER OR RESPONSE TO THE COMPLAINT.**

D. Instructions for all parties

1. **ALL QUESTIONS REFER TO THE INCIDENT OR AGREEMENT IN THIS LAWSUIT ONLY.**
2. Answer each question. If a question is not applicable, answer "NA."
3. Your answers are not limited to your personal knowledge, but you are required to furnish information available to you or to anyone acting on your behalf, whether you are a plaintiff, defendant, cross-complainant, or cross-defendant.
4. Type or *legibly* print your answer below each question. If you cannot completely answer a question in the space provided on the case questionnaire, check the "attachment" box and put the number of the question and the complete answer on an attached sheet of paper or form MC-025. You should *not* put part of an answer on the case questionnaire and part on the attachment. You may put more than one answer on each attached page.
5. When you have completed the case questionnaire, sign the verification and serve the original.
6. You may compel compliance with these requirements under Code of Civil Procedure section 93.
7. **DO NOT FILE THIS CASE QUESTIONNAIRE WITH THE COURT.**

PLAINTIFF (Name):	CASE NUMBER:
DEFENDANT (Name):	

—QUESTIONS—

1. FOR ALL CASES

a. State your name and street address.

b. State your current business name and street address, the type of business entity, and your title.

c. Describe in detail your claims or defenses and the facts on which they are based, giving relevant dates.

See attachment for answer number 1c.

d. State the name, street address, and telephone number of each person who has knowledge of facts relating to this lawsuit, and specify his or her area of knowledge.

See attachment for answer number 1d.

e. Describe each document or photograph that relates to the issues or facts. You are encouraged to attach a copy of each. For each that you have described but not attached, state the name, street address, and telephone number of each person who has it.

See attachment for answer number 1e.

PLAINTIFF (Name):	CASE NUMBER:
DEFENDANT (Name):	

1. f. Describe each item of physical evidence that relates to the issues and facts; give its location; and state the name, street address, and telephone number of each person who has it.

See attachment for answer number 1f.

- g. State the name and street address of each insurance company and the number of each policy that may cover you in whole or part for the damages claimed.

See attachment for answer number 1g.

2. FOR PERSONAL INJURY OR PROPERTY DAMAGE CASES

- a. Describe each injury or illness that you received and your present complaints about each.

See attachment for answer number 2a.

- b. State the name, street address, and telephone number of each physician, dentist, or other health care provider who treated or examined you; the type of treatment; the dates of treatment; and the charges by each to date.

See attachment for answer number 2b.

- c. Itemize the medical expenses you anticipate in the future.

See attachment for answer number 2c.

- d. Itemize your loss of income to date, give the name and street address of each source, and show how the loss is computed.

See attachment for answer number 2d.

PLAINTIFF (Name):	CASE NUMBER:
DEFENDANT (Name):	

2. e. Itemize the loss of income you anticipate in the future, give the name and street address of each source, and show how the loss is computed.

See attachment for answer number 2e.

f. Itemize your property damage, and state the amount or attach an itemized bill or estimate.

See attachment for answer number 2f.

9. Describe each other item of damage or cost that you claim, and state the amount.

See attachment for answer number 2g.

3. FOR CASES BASED ON AGREEMENTS

a. In addition to your answer to 1e, state all the terms and give the date of any part of the agreement that is not in writing.

See attachment for answer number 3a.

b. Describe each item of damage or cost you claim, state the amount, and show how it is computed.

See attachment for answer number 3b.

VERIFICATION

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)

ATTORNEY OR PARTY WITHOUT ATTORNEY (<i>Name and Address</i>):	
TELEPHONE NO.:	FAX NO. (<i>Optional</i>):
E-MAIL ADDRESS (<i>Optional</i>):	
ATTORNEY FOR (<i>Name</i>):	
SUPERIOR COURT OF CALIFORNIA, COUNTY OF	
STREET ADDRESS:	
MAILING ADDRESS:	
CITY AND ZIP CODE:	
BRANCH NAME:	
PLAINTIFF:	
DEFENDANT:	
REQUEST FOR STATEMENT OF WITNESSES AND EVIDENCE— FOR LIMITED CIVIL CASES (UNDER \$25,000) Requesting Party (<i>name</i>): Responding Party (<i>name</i>):	CASE NUMBER:

Under Code of Civil Procedure section 96, you are requested to serve on the undersigned, within 20 days, a statement of:

1. The names and street addresses of witnesses you intend to call at trial (except for any individual who is a party to this action).
2. A description of each document that you intend to offer at trial. Attach a copy of each document available to you.
3. A description of each photograph and other physical evidence you intend to offer at trial.

Witnesses and evidence that will be used only for impeachment need not be included.

You Will Not Be Permitted To Call Any Witness Or Introduce Any Evidence Not Included In Your Statement in Response To This Request, Except As Otherwise Provided By Law.

Date:

(TYPE OR PRINT NAME)

(SIGNATURE OF PARTY OR ATTORNEY)

ATTORNEY OR PARTY WITHOUT ATTORNEY <i>(Name, State Bar number, and Address):</i> TELEPHONE NO.: _____ FAX NO. <i>(Optional):</i> _____ E-MAIL ADDRESS <i>(Optional):</i> _____ ATTORNEY FOR <i>(Name):</i> _____	FOR COURT USE ONLY
SUPERIOR COURT OF CALIFORNIA, COUNTY OF STREET ADDRESS: MAILING ADDRESS: CITY AND ZIP CODE: BRANCH NAME:	
SHORT TITLE:	
<p style="text-align: center;">REQUEST FOR ADMISSIONS</p> <p style="text-align: center;"> <input type="checkbox"/> Truth of Facts <input type="checkbox"/> Genuineness of Documents </p> Requesting Party: Responding Party: Set No.:	CASE NUMBER:

You are requested to admit within thirty days after service of this *Request for Admissions* that

1. each of the following facts is true *(number each fact consecutively)*:

Continued on Attachment 1

2. the original of each of the following documents, copies of which are attached, is genuine *(number each document consecutively)*:

Continued on Attachment 2.

 (TYPE OR PRINT NAME)



 (SIGNATURE OF PARTY OR ATTORNEY)

**INFORMATION SHEET ON WAIVER
OF COURT FEES AND COSTS
(California Rules of Court, rules 3.50–3.63)**

FW-001-INFO

If you have been sued or if you wish to sue someone, and if you cannot afford to pay court fees and costs, you may not have to pay them if:

1. You are receiving **financial assistance** under one or more of the following programs:

- SSI and SSP (Supplemental Security Income and State Supplemental Payments Programs)
- CalWORKs (California Work Opportunity and Responsibility to Kids Act, implementing TANF, Temporary Assistance for Needy Families, formerly AFDC, Aid to Families with Dependent Children Program)
- The Food Stamp Program
- County Relief, General Relief (G.R.), or General Assistance (G.A.)

If you are claiming eligibility for a waiver of court fees and costs because you receive financial assistance under one or more of these programs, and you did not provide your Medi-Cal number or your social security number and birthdate, you must produce documentation confirming benefits from a public assistance agency or one of the following documents, unless you are a defendant in an unlawful detainer action:

PROGRAM	VERIFICATION
SSI/SSP	Medi-Cal Card or Notice of Planned Action or SSI Computer-Generated Printout or Bank Statement Showing SSI Deposit or "Passport to Services"
CalWORKs/TANF (formerly known as AFDC)	Medi-Cal Card or Notice of Action or Income and Eligibility Verification Form or Monthly Reporting Form or Electronic Benefit Transfer Card or "Passport to Services"
Food Stamp Program	Notice of Action or Food Stamp ID Card or "Passport to Services"
General Relief/General Assistance	Notice of Action or Copy of Check Stub or County Voucher

-OR-

2. Your total gross **monthly household income** is less than the following amounts:

NUMBER IN FAMILY	FAMILY INCOME
1	\$ 1,020.83
2	1,375.00
3	1,729.16
4	2,083.33
5	2,437.50

NUMBER IN FAMILY	FAMILY INCOME
6	\$ 2,791.66
7	3,145.83
8	3,500.00
Each additional	354.16

-OR-

3. Your income is not enough to pay for the common **necessaries** of life for yourself and the people you support and also pay court fees and costs.

To apply, fill out the Application for Waiver of Court Fees and Costs (form FW-001) available from the clerk's office. If you claim no income, you may be required to file a declaration under penalty of perjury. Prison and jail inmates may be required to pay up to the full amount of the filing fee.

If you have any questions and cannot afford an attorney, you may wish to consult the legal aid office, legal services office, or lawyer referral service in your county (listed in the Yellow Pages under "Attorneys").

If you are asking for review of the decision of an administrative body under Code of Civil Procedure section 1094.5 (administrative mandate), you may ask for a transcript of the administrative proceedings at the expense of the administrative body.

Page 1 of 1

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, state bar number, and address): TELEPHONE NO.: _____ FAX NO. (Optional): _____ E-MAIL ADDRESS (Optional): _____ ATTORNEY FOR (Name): _____	FOR COURT USE ONLY
NAME OF COURT: STREET ADDRESS: MAILING ADDRESS: CITY AND ZIP CODE: BRANCH NAME:	
PLAINTIFF/ PETITIONER: DEFENDANT/ RESPONDENT:	
APPLICATION FOR WAIVER OF COURT FEES AND COSTS	CASE NUMBER: _____

I request a court order so that I do not have to pay court fees and costs.

1. a. I am *not* able to pay any of the court fees and costs.
 b. I am able to pay *only* the following court fees and costs (specify):
2. My current street or mailing address is (if applicable, include city or town, apartment no., if any, and zip code):
3. a. My occupation, employer, and employees address are (specify):
 b. My spouse's occupation, employer, and employees address are (specify):
4. I am receiving financial assistance under one or more of the following programs:
 - a. **SSI and SSP:** Supplemental Security Income and State Supplemental Payments Programs
 - b. **CalWORKs:** California Work Opportunity and Responsibility to Kids Act, implementing TANF, Temporary Assistance for Needy Families (formerly AFDC)
 - c. **Food Stamps:** The Food Stamp Program
 - d. **County Relief, General Relief (G.R.), or General Assistance (G.A.)**
5. If you checked box 4, you must check and complete **one of the three boxes below, unless you are a defendant in an unlawful detainer action. Do not check more than one box.**
 - a. (Optional) My Medi-Cal number is (specify):
 - b. (Optional) My social security number is (specify):
 - - and my date of birth is (specify):
[Federal law does not require that you give your social security number. However, if you don't give your social security number, you must check box c and attach documents to verify the benefits checked in item 4.]
 - c. I am attaching documents to verify receipt of the benefits checked in item 4, if requested by the court.
[See Form FW-001-INFO, Information Sheet on Waiver of Court Fees and Costs, available from the clerk's office, for a list of acceptable documents.]

[If you checked box 4 above, skip items 6 and 7, and sign at the bottom of this side.]

6. My total gross monthly household income is less than the amount shown on the Information Sheet on Waiver of Court Fees and Costs available from the clerk's office.

[if you checked box 6 above, skip item 7, complete items 8, 9a, 9d, 9f, and 9g on the back of this form, and sign at the bottom of this side.]

7. My income is not enough to pay for the common necessities of life for me and the people in my family whom I support and also pay court fees and costs. [If you check this box, you must complete the back of this form.]

WARNING: You must immediately tell the court if you become able to pay court fees or costs during this action. You may be ordered to appear in court and answer questions about your ability to pay court fees or costs.

I declare under penalty of perjury under the laws of the State of California that the information on both sides of this form and all attachments are true and correct.

Date: _____

(TYPE OR PRINT NAME) (Financial information on reverse) (SIGNATURE)

PLAINTIFF/PETITIONER: DEFENDANT/RESPONDENT:	CASE NUMBER:
--	--------------

FINANCIAL INFORMATION

8. My pay changes considerably from month to month. *[If you check this box, each of the amounts reported in item 9 should be your average for the past 12 months.]*

9. MY MONTHLY INCOME

a. My gross monthly pay is: \$ _____

b. My payroll deductions are (specify purpose and amount):

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

My TOTAL payroll deduction amount is: \$ _____

c. My monthly take-home pay is (a. minus b.): \$ _____

d. Other money I get each month is (specify source and amount; include spousal support, child support, parental support, support from outside the home, scholarships, retirement or pensions, social security, disability, unemployment, military basic allowance for quarters (BAQ), veterans payments, dividends, interest or royalty, trust income, annuities, net business income, net rental income, reimbursement of job-related expenses, and net gambling or lottery winnings):

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

The TOTAL amount of other money is: \$ _____
(If more space is needed, attach page labeled Attachment 9d.)

e. MY TOTAL MONTHLY INCOME IS (c. plus d.): \$ _____

f. Number of persons living in my home: _____
 Below list all the persons living in your home, including your spouse, 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) _____	_____	_____	\$ _____
(5) _____	_____	_____	\$ _____

The TOTAL amount of other money is: \$ _____
(If more space is needed, attach page labeled Attachment 9f.)

g. MY TOTAL GROSS MONTHLY HOUSEHOLD INCOME IS (a. plus d. plus f): \$ _____

10. I own or have an interest in the following property:

a. Cash \$ _____

b. Checking, savings, and credit union accounts (list banks):

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

10. c. Cars, other vehicles, and boats (list make, year, fair market value (FMV), and loan balance of each):

Property	FMV	Loan Balance
(1) _____	\$ _____	\$ _____
(2) _____	\$ _____	\$ _____
(3) _____	\$ _____	\$ _____

d. Real estate (list address, estimated fair market value (FMV), and loan balance of each property):

Property	FMV	Loan Balance
(1) _____	\$ _____	\$ _____
(2) _____	\$ _____	\$ _____
(3) _____	\$ _____	\$ _____

e. Other personal property — jewelry, furniture, furs, stocks, bonds, etc. (list separately):

\$ _____

11. My monthly expenses not already listed in item 9b above are the following:

- 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 payments \$ _____
- g. Insurance (life, health, accident, etc.) \$ _____
- h. School, child care \$ _____
- i. Child, spousal support (prior marriage) \$ _____
- j. Transportation and auto expenses (insurance, gas, repair) \$ _____
- k. Installment payments (specify purpose and amount):

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

The TOTAL amount of monthly installment payments is: \$ _____

l. Amounts deducted due to wage assignments and earnings withholding orders: \$ _____

- m. Other expenses (specify):
- (1) _____ \$ _____
 - (2) _____ \$ _____
 - (3) _____ \$ _____
 - (4) _____ \$ _____
 - (5) _____ \$ _____

The TOTAL amount of other monthly expenses is: \$ _____

n. MY TOTAL MONTHLY EXPENSES ARE (add a. through m.): \$ _____

12. Other facts that support this application are (describe unusual medical needs, expenses for recent family emergencies, or other unusual circumstances or expenses to help the court understand your budget; if more space is needed, attach page labeled Attachment 12):

WARNING: You must immediately tell the court if you become able to pay court fees or costs during this action. You may be ordered to appear in court and answer questions about your ability to pay court fees or costs.

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name and Address): TELEPHONE NO.:	FOR COURT USE ONLY CASE NUMBER:
ATTORNEY FOR (Name): NAME OF COURT AND BRANCH, IF ANY: STREET ADDRESS: MAILING ADDRESS: CITY AND ZIP CODE:	
PLAINTIFF: DEFENDANT:	
<p style="text-align: center;">APPLICATION FOR WAIVER OF ADDITIONAL COURT FEES AND COSTS</p>	

1. I was granted a waiver of court fees and costs in this case on (date)

- 2. a. My financial status has **not changed** since I filed my original application.
- b. My financial status **has changed** since I filed my original application AND a new application is attached.

3. I ask the court to extend my waiver of fees to cover the following additional court fees and costs:

- a. Jury fees and expenses.
- b. Court appointed interpreters' fees for witnesses.
- c. Witness fees of peace officers whose attendance is necessary for reasons shown below.
- d. Reporters' fees for attendance at hearings and trials held more than sixty days after the date of the original application as shown above.
- e. Witness fees for court appointed experts.
- f. Other (specify):

4. These additional services are needed because (use additional sheet if necessary):

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct and that this declaration is executed on (date): at (place)

.....
(Type or print name)

.....
(Signature)

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, state bar number, and address): TELEPHONE NO.: _____ FAX NO.: _____ E-MAIL ADDRESS (Optional): _____ ATTORNEY FOR (Name): _____	FOR COURT USE ONLY
SUPERIOR COURT OF CALIFORNIA, COUNTY OF _____ STREET ADDRESS: MAILING ADDRESS: CITY AND ZIP CODE: BRANCH NAME:	
PLAINTIFF/ PETITIONER: DEFENDANT/ RESPONDENT:	CASE NUMBER:
ORDER ON APPLICATION FOR WAIVER OF COURT FEES AND COSTS	

1. The application was filed on (date): _____ A previous order was issued on (date): _____
2. The application was filed by (name): _____
3. IT IS ORDERED that the application is **granted** in whole in part (complete item 4 below).
 - a. **No payments.** Payment of all the fees and costs listed in California Rules of Court, rules 3.61, **is waived.**
 - b. **The applicant shall pay** all the fees and costs listed in California Rules of Court, rules 3.61, EXCEPT the following:

(1) <input type="checkbox"/> Filing papers.	(6) <input type="checkbox"/> Sheriff and marshal fees.
(2) <input type="checkbox"/> Certification and copying.	(7) <input type="checkbox"/> Reporter's fees* (valid for 60 days).
(3) <input type="checkbox"/> Issuing process and certification.	(8) <input type="checkbox"/> Telephone appearance (Gov. Code, § 68070.1 (c))
(4) <input type="checkbox"/> Transmittal of papers.	(9) <input type="checkbox"/> Other (specify code section):
(5) <input type="checkbox"/> Court-appointed interpreter.	

 Reporter's fees are per item pursuant to Code Civ. Proc., §§ 269, 274c, and Gov. Code, §§ 69947, 69948, and 72195.
 - c. **Method of payment.** The applicant shall pay all the fees and costs when charged, EXCEPT as follows:
 (1) Pay (specify): _____ percent. (2) Pay: \$ _____ per month or more until the balance is paid.
 - d. The clerk of the court, county financial officer, or appropriate county officer is authorized to require the applicant to appear before and be examined by the court no sooner than four months from the date of this order, and not more than once in any four-month period. The applicant is ordered to appear in this court as follows for review of his or her financial status:

Date:	Time:	Dept.:	Div.:	Room:
-------	-------	--------	-------	-------
 - e. The clerk is directed to mail a copy of this order only to the applicant's attorney or to the applicant if not represented.
 - f. **All unpaid fees and costs shall be deemed to be taxable costs if the applicant is entitled to costs and shall be a lien on any judgment recovered by the applicant and shall be paid directly to the clerk by the judgment debtor upon such recovery.**
4. IT IS ORDERED that the application is **denied** in whole in part for the following reasons (see Cal. Rules of Court, rules 3.50–3.63):
 - a. Monthly household income exceeds guidelines (Gov. Code, § 68511.3(a)(6)(B); form 982(a)(17)(A)).
 - b. Other (Complete line 4b on page 2).
 - c. The applicant shall pay any fees and costs due in this action within 10 days from the date of service of this order or any paper filed by the applicant with the clerk will be of no effect.
 - d. The clerk is directed to mail a copy of this order to all parties who have appeared in this action.
5. IT IS ORDERED that a **hearing** be held.
 - a. The substantial evidentiary conflict to be resolved by the hearing is (specify): _____
 - b. The applicant should appear in this court at the following hearing to help resolve the conflict:

Date:	Time:	Dept.:	Div.:	Room:
-------	-------	--------	-------	-------
 - c. The address of the court is (specify):
 Same as above
 - d. The clerk is directed to mail a copy of this order only to the applicant's attorney or to the applicant if not represented.

NOTICE: If item 3d or item 5b is filled in and the applicant does not attend the hearing, the court may revoke or change the order or deny the application without considering information the applicant wants the court to consider.

WARNING: The applicant must immediately tell the court if he or she becomes able to pay court fees or costs during this action. The applicant may be ordered to appear in court and answer questions about his or her ability to pay fees or costs.

Date: _____ Clerk, by _____, Deputy

JUDICIAL OFFICER

(Clerk may GRANT in full a nondiscretionary fee waiver; see Cal. Rules of Court, rules 3.56.)

PLAINTIFF/PETITIONER (Name):	CASE NUMBER:
DEFENDANT/RESPONDENT (Name):	

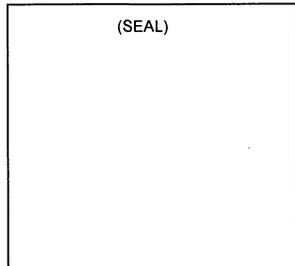
4b Application is denied in whole or in part (specify reasons):

CLERK'S CERTIFICATE OF MAILING

I certify that I am not a party to this cause and that a true copy of the foregoing was mailed first class, postage prepaid, in a sealed envelope addressed as shown below, and that the mailing of the foregoing and execution of this certificate occurred at (place): _____, California, on (date): _____

Clerk, by _____, Deputy

[]	[]	[]	[]
[]	[]	[]	[]



CLERK'S CERTIFICATE

I certify that the foregoing is a true and correct copy of the original on file in my office.

Date:

Clerk, by _____, Deputy

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, state bar number, and address): TELEPHONE NO.: _____ FAX NO.: _____ E-MAIL ADDRESS (Optional): _____ ATTORNEY FOR (Name): _____	FOR COURT USE ONLY
SUPERIOR COURT OF CALIFORNIA, COUNTY OF STREET ADDRESS: MAILING ADDRESS: CITY AND ZIP CODE: BRANCH NAME:	
PLAINTIFF/PETITIONER: DEFENDANT/RESPONDENT:	
ORDER ON APPLICATION FOR WAIVER OF ADDITIONAL COURT FEES AND COSTS (Cal. Rules of Court, rule 3.62)	CASE NUMBER: _____

1. The application was filed on (date): _____ A previous order was issued on (date): _____
2. The application was filed by (name): _____
3. IT IS ORDERED that the application is **granted** in whole in part (complete item 4 below).
 - a. **No payments.** Payment of all the fees and costs listed in California Rules of Court, rules 3.62, is waived.
 - b. **Applicant shall pay** all the fees and costs listed in California Rules of Court, rules 3.62, EXCEPT the following:

(1) <input type="checkbox"/> Jury fees and expenses.	(5) <input type="checkbox"/> Court-appointed experts.
(2) <input type="checkbox"/> Court-appointed interpreter for witnesses.	(6) <input type="checkbox"/> Other fees and costs (specify):
(3) <input type="checkbox"/> Witness fees of peace officers.	
(4) <input type="checkbox"/> Reporter's fees (beyond 60 days).	
 - c. **Method of payment.** Applicant shall pay all the fees and costs when charged, EXCEPT as follows:

(1) <input type="checkbox"/> Pay (specify): _____ percent.
(2) <input type="checkbox"/> Pay: \$ _____ per month or more until the balance is paid.
 - d. The clerk of the court, county financial officer, or appropriate county officer is authorized to require the applicant to appear before and be examined by the court no sooner than four months from the date of this order, and not more than once in any four-month period.

The applicant is ordered to appear for the court's review of the applicant's financial status as follows:

Date:	Time:	Dept.:	Room:
-------	-------	--------	-------
 - e. The clerk is directed to mail a copy of this order only to the applicant's attorney or to the applicant if not represented.
 - f. **All unpaid fees and costs shall be deemed to be taxable costs if applicant is entitled to costs and shall be a lien on any judgment recovered by the applicant and shall be paid directly to the clerk by the judgment debtor upon such recovery.**
4. IT IS ORDERED that the application is **denied** in whole in part for the following reasons (see Cal. Rules of Court, rules 3.50-3.63):
 - a. Monthly household income exceeds guidelines (Gov. Code, § 68511.3(a)(6)(B); form FW-001-INFO).
 - b. Other (Complete line 4b on page 2).
 - c. The applicant shall pay any fees and costs due in this action within 10 days from the date of service of this order or any paper filed by the applicant with the clerk will be of no effect.
 - d. The clerk is directed to mail a copy of this order to all parties who have appeared in this action.
5. IT IS ORDERED that a **hearing** be held.
 - a. The substantial evidentiary conflict to be resolved by the hearing is (specify): _____
 - b. **Applicant should be present** at the hearing to be held as follows:

Date:	Time:	Dept.:	Room:
-------	-------	--------	-------
 - c. The address of the court is (specify):
 Same as above
 - d. The clerk is directed to mail a copy of this order only to the applicant's attorney or to the applicant if not represented.

Date: _____ JUDICIAL OFFICER Clerk, by _____, Deputy
 (Clerk may GRANT in full a nondiscretionary fee waiver; see Cal. Rules of Court, rules 3.56.)

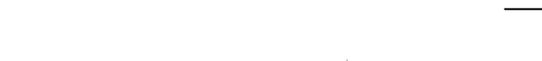
PLAINTIFF/PETITIONER (Name): DEFENDANT/RESPONDENT (Name):	CASE NUMBER:
--	--------------

4b Application is denied in whole or in part (specify reasons):

CLERK'S CERTIFICATE OF MAILING

I certify that I am not a party to this cause and that a true copy of the foregoing was mailed first class, postage prepaid, in a sealed envelope addressed as shown below, and that the mailing of the foregoing and execution of this certificate occurred at (place): _____, California, on (date): _____

Clerk, by _____, Deputy

(SEAL)

CLERK'S CERTIFICATE

I certify that the foregoing is a true and correct copy of the original on file in my office.

Date:

Clerk, by _____, Deputy

ATTORNEY OR PARTY WITHOUT ATTORNEY (<i>Name and Address</i>): TELEPHONE NO.:	FOR COURT USE ONLY CASE NUMBER:
ATTORNEY FOR (<i>Name</i>): NAME OF COURT, JUDICIAL DISTRICT OR BRANCH COURT, IF ANY:	
PLAINTIFF: DEFENDANT:	
NOTICE OF WAIVER OF COURT FEES AND COSTS	

1. The application for waiver of court fees and costs was filed.
 - a. on (date):
 - b. by (name):
2. The application was granted by operation of law.
3. The applicant may proceed in this action without payment of
 - a. court fees and costs listed in rules 3.61 of the California Rules of Court.
 - b. the following court fees and costs (specify):

Dated: _____

Clerk, by _____
(Deputy)

CLERK'S CERTIFICATION	
<div style="border: 1px solid black; width: 100%; height: 100%; display: flex; align-items: center; justify-content: center;"> (SEAL) </div>	<p>I certify that the foregoing is a true copy of the original on file in my office.</p> <p>Dated: Clerk, by (Deputy)</p>

ATTORNEY OR PARTY WITHOUT ATTORNEY (<i>Name, State Bar number, and address</i>): TELEPHONE NO: _____ FAX NO. (<i>Optional</i>): _____ E-MAIL ADDRESS (<i>Optional</i>): _____ ATTORNEY FOR (<i>Name</i>): _____	FOR COURT USE ONLY
SUPERIOR COURT OF CALIFORNIA, COUNTY OF STREET ADDRESS: MAILING ADDRESS: CITY AND ZIP CODE: BRANCH NAME:	
PLAINTIFF: DEFENDANT: <input type="checkbox"/> DOES 1 TO _____	
<div style="text-align: center;">CONTRACT</div> <input type="checkbox"/> COMPLAINT <input type="checkbox"/> AMENDED COMPLAINT (<i>Number</i>): <input type="checkbox"/> CROSS-COMPLAINT <input type="checkbox"/> AMENDED CROSS-COMPLAINT (<i>Number</i>):	
Jurisdiction (<i>check all that apply</i>): ACTION IS A LIMITED CIVIL CASE Amount demanded <input type="checkbox"/> does not exceed \$10,000 <input type="checkbox"/> exceeds \$10,000 but does not exceed \$25,000 <input type="checkbox"/> ACTION IS AN UNLIMITED CIVIL CASE (<i>exceeds \$25,000</i>) <input type="checkbox"/> ACTION IS RECLASSIFIED by this amended complaint or cross-complaint <input type="checkbox"/> from limited to unlimited <input type="checkbox"/> from unlimited to limited	CASE NUMBER:

1. **Plaintiff*** (*name or names*):

alleges causes of action against **defendant*** (*name or names*):

2. This pleading, including attachments and exhibits, consists of the following number of pages:

3. a. Each plaintiff named above is a competent adult

except plaintiff (*name*):

- (1) a corporation qualified to do business in California
- (2) an unincorporated entity (*describe*):
- (3) other (*specify*):

b. Plaintiff (*name*):

a. has complied with the fictitious business name laws and is doing business under the fictitious name (*specify*):

b. has complied with all licensing requirements as a licensed (*specify*):

c. Information about additional plaintiffs who are not competent adults is shown in Attachment 3c.

4. a. Each defendant named above is a natural person

except defendant (*name*):

- (1) a business organization, form unknown
- (2) a corporation
- (3) an unincorporated entity (*describe*):
- (4) a public entity (*describe*):
- (5) other (*specify*):

except defendant (*name*):

- (1) a business organization, form unknown
- (2) a corporation
- (3) an unincorporated entity (*describe*):
- (4) a public entity (*describe*):
- (5) other (*specify*):

* If this form is used as a cross-complaint, plaintiff means cross-complainant and defendant means cross-defendant.

SHORT TITLE:	CASE NUMBER:
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CAUSE OF ACTION—Breach of Contract

(number)
 ATTACHMENT TO Complaint Cross - Complaint
(Use a separate cause of action form for each cause of action.)

BC-1. Plaintiff *(name)*:

alleges that on or about *(date)*:

a written oral other *(specify)*:

agreement was made between *(name parties to agreement)*:

A copy of the agreement is attached as Exhibit A, or

The essential terms of the agreement are stated in Attachment BC- 1 are as follows *(specify)*:

BC-2. On or about *(dates)*:

defendant breached the agreement by the acts specified in Attachment BC-2 the following acts *(specify)*:

BC-3. Plaintiff has performed all obligations to defendant except those obligations plaintiff was prevented or excused from performing.

BC-4. Plaintiff suffered damages legally (proximately) caused by defendant's breach of the agreement
 as stated in Attachment BC-4 as follows *(specify)*:

BC-5. Plaintiff is entitled to attorney fees by an agreement or a statute
 of \$
 according to proof.

BC-6. Other:

SHORT TITLE:	CASE NUMBER:
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CAUSE OF ACTION—Common Counts

_____ (number)

ATTACHMENT TO Complaint Cross - Complaint

(Use a separate cause of action form for each cause of action.)

CC-1. Plaintiff (name):

alleges that defendant (name):

became indebted to plaintiff other (name):

- a. within the last four years
 - (1) on an open book account for money due.
 - (2) because an account was stated in writing by and between plaintiff and defendant in which it was agreed that defendant was indebted to plaintiff.

- b. within the last two years four years
 - (1) for money had and received by defendant for the use and benefit of plaintiff. for work, labor, services and materials rendered at the special instance and request of defendant and for which defendant promised to pay plaintiff
 - the sum of \$
 - the reasonable value.
 - (2) for goods, wares, and merchandise sold and delivered to defendant and for which defendant promised to pay plaintiff
 - the sum of \$
 - the reasonable value.
 - (3) for money lent by plaintiff to defendant at defendant's request.
 - (4) for money paid, laid out, and expended to or for defendant at defendant's special instance and request.
 - (5) other (specify):

CC-2. \$ _____, which is the reasonable value, is due and unpaid despite plaintiff's demand, plus prejudgment interest according to proof at the rate of _____ percent per year from (date):

CC-3. Plaintiff is entitled to attorney fees by an agreement or a statute of \$ _____ according to proof.

CC-4. Other:

SHORT TITLE:	CASE NUMBER:
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CAUSE OF ACTION—Fraud

(number)
 ATTACHMENT TO Complaint Cross-Complaint

(Use a separate cause of action form for each cause of action.)

FR- 1. Plaintiff *(name)*:

alleges that defendant *(name)*:

on or about *(date)*:

defrauded plaintiff as follows:

FR-2. **Intentional or Negligent Misrepresentation**

a. Defendant made representations of material fact as stated in Attachment FR-2.a as follows:

b. These representations were in fact false. The truth was as stated in Attachment FR-2.b as follows:

c. When defendant made the representations,

defendant knew they were false, or

defendant had no reasonable ground for believing the representations were true.

d. Defendant made the representations with the intent to defraud and induce plaintiff to act as described in item FIR-5. At the time plaintiff acted, plaintiff did not know the representations were false and believed they were true. Plaintiff acted in justifiable reliance upon the truth of the representations.

FR-3. **Concealment**

a. Defendant concealed or suppressed material facts as stated in Attachment FR-3.a as follows:

b. Defendant concealed or suppressed material facts

defendant was bound to disclose.

by telling plaintiff other facts to mislead plaintiff and prevent plaintiff from discovering the concealed or suppressed facts.

c. Defendant concealed or suppressed these facts with the intent to defraud and induce plaintiff to act as described in item IFIR-5. At the time plaintiff acted, plaintiff was unaware of the concealed or suppressed facts and would not have taken the action if plaintiff had known the facts.

Page _____

SHORT TITLE:	CASE NUMBER:
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CAUSE OF ACTION—Fraud

_____ (number)

FR-4. Promise Without Intent to Perform

a. Defendant made a promise about a material matter without any intention of performing it as stated in Attachment FR-4.a as follows:

b. Defendant's promise without any intention of performance was made with the intent to defraud and induce plaintiff to rely upon it and to act as described in item FR-5. At the time plaintiff acted, plaintiff was unaware of defendant's intention not to perform the promise. Plaintiff acted in justifiable reliance upon the promise.

FR-5. In justifiable reliance upon defendant's conduct, plaintiff was induced to act as stated in Attachment FR-5 as follows:

FR-6. Because of plaintiff's reliance upon defendant's conduct, plaintiff has been damaged as stated in Attachment FR- 6 as follows:

FIR - 7. Other:

ATTORNEY OR PARTY WITHOUT ATTORNEY (NAME AND ADDRESS): TELEPHONE:	FOR COURT USE ONLY:
ATTORNEY FOR (NAME):	
Insert name of court, judicial district or branch court, if any, and post office and street address:	
PLAINTIFF:	
DEFENDANT:	
ANSWER—Contract	CASE NUMBER:
<input type="checkbox"/> TO COMPLAINT OF (name):	
<input type="checkbox"/> TO CROSS-COMPLAINT (name):	

1. This pleading, including attachments and exhibits, consists of the following number of pages: _____

2. DEFENDANT (name):
 answers the complaint or cross-complaint as follows:

3. Check ONLY ONE of the next two boxes:

- a. Defendant generally denies each statement of the complaint or cross-complaint. *(Do not check this box if the verified complaint or cross-complaint demands more than \$1,000.)*
- b. Defendant admits that all of the statements of the complaint or cross-complaint are true EXCEPT:
 - (1) Defendant claims the following statements are false *(use paragraph numbers or explain)*:

- Continued on Attachment 3.b.(1).
- (2) Defendant has no information or belief that the following statements are true, so defendant denies them *(use paragraph numbers or explain)*:

Continued on Attachment 3.b.(2).

If this form is used to answer a cross-complaint, plaintiff means cross-complainant and defendant means cross-defendant.

SHORT TITLE:	CASE NUMBER:
--------------	--------------

ANSWER—Contract

4. AFFIRMATIVE DEFENSES Defendant alleges the following additional reasons that plaintiff is not entitled to recover anything:

Continued on Attachment 4.

5. Other

6. DEFENDANT PRAYS

a. that plaintiff take nothing.

b. for costs of suit.

c. other (*specify*):

.....
(Type or print name)

(Signature of party or attorney)

SHORT TITLE:	CASE NUMBER:
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4. Plaintiff (*name*):
 is doing business under the fictitious name (*specify*):

 and has complied with the fictitious business name laws.
5. Each defendant named above is a natural person
- a. **except** defendant (*name*):
- (1) a business organization, form unknown
 - (2) a corporation
 - (3) an unincorporated entity (*describe*):

 - (4) a public entity (*describe*):
 - (5) other (*specify*):
- b. **except** defendant (*name*):
- (1) a business organization, form unknown
 - (2) a corporation
 - (3) an unincorporated entity (*describe*):

 - (4) a public entity (*describe*):
 - (5) other (*specify*):
- c. **except** defendant (*name*):
- (1) a business organization, form unknown
 - (2) a corporation
 - (3) an unincorporated entity (*describe*):

 - (4) a public entity (*describe*):
 - (5) other (*specify*):
- d. **except** defendant (*name*):
- (1) a business organization, form unknown
 - (2) a corporation
 - (3) an unincorporated entity (*describe*):

 - (4) a public entity (*describe*):
 - (5) other (*specify*):
- Information about additional defendants who are not natural persons is contained in Attachment 5.
6. The true names of defendants sued as Does are unknown to plaintiff.
- a. Doe defendants (*specify Doe numbers*): _____ were the agents or employees of other named defendants and acted within the scope of that agency or employment.
- b. Doe defendants (*specify Doe numbers*): _____ are persons whose capacities are unknown to plaintiff.
7. Defendants who are joined under Code of Civil Procedure section 382 are (*names*):
8. This court is the proper court because
- a. at least one defendant now resides in its jurisdictional area.
 - b. the principal place of business of a defendant corporation or unincorporated association is in its jurisdictional area.
 - c. injury to person or damage to personal property occurred in its jurisdictional area.
 - d. other (*specify*):
9. Plaintiff is required to comply with a claims statute, **and**
- a. has complied with applicable claims statutes, **or**
 - b. is excused from complying because (*specify*):

SHORT TITLE:	CASE NUMBER:
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10. The following causes of action are attached and the statements above apply to each (*each complaint must have one or more causes of action attached*):

- a. Motor Vehicle
- b. General Negligence
- c. Intentional Tort
- d. Products Liability
- e. Premises Liability
- f. Other (*specify*):

11. Plaintiff has suffered

- a. wage loss
- b. loss of use of property
- c. hospital and medical expenses
- d. general damage
- e. property damage
- f. loss of earning capacity
- g. other damage (*specify*):

12. The damages claimed for wrongful death and the relationships of plaintiff to the deceased are

- a. listed in Attachment 12.
- b. as follows:

13. The relief sought in this complaint is within the jurisdiction of this court.

14. **Plaintiff prays** for judgment for costs of suit; for such relief as is fair, just, and equitable; and for

- a. (1) compensatory damages
- (2) punitive damages

The amount of damages is (*in cases for personal injury or wrongful death, you must check (1)*):

- (1) according to proof
- (2) in the amount of: \$

15. The paragraphs of this complaint alleged on information and belief are as follows (*specify paragraph numbers*):

Date:

(TYPE OR PRINT NAME)	 (SIGNATURE OF PLAINTIFF OR ATTORNEY)
----------------------	---

SHORT TITLE:	CASE NUMBER:
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CAUSE OF ACTION—Motor Vehicle

_____ (number)
 ATTACHMENT TO Complaint Cross - Complaint

(Use a separate cause of action form for each cause of action.)

Plaintiff (name):

MV- 1. Plaintiff alleges the acts of defendants were negligent; the acts were the legal (proximate) cause of injuries and damages to plaintiff; the acts occurred

on (date):

at (place):

MV- 2. DEFENDANTS

a. The defendants who operated a motor vehicle are (names):

Does _____ to _____

b. The defendants who employed the persons who operated a motor vehicle in the course of their employment are (names):

Does _____ to _____

c. The defendants who owned the motor vehicle which was operated with their permission are (names):

Does _____ to _____

d. The defendants who entrusted the motor vehicle are (names):

Does _____ to _____

e. The defendants who were the agents and employees of the other defendants and acted within the scope of the agency were (names):

Does _____ to _____

f. The defendants who are liable to plaintiffs for other reasons and the reasons for the liability are listed in Attachment MV-2f as follows:

Does _____ to _____

Page _____

SHORT TITLE:	CASE NUMBER:
--------------	--------------

CAUSE OF ACTION—General Negligence

Page _____

_____ (number)

ATTACHMENT TO Complaint Cross - Complaint

(Use a separate cause of action form for each cause of action.)

GN- 1. Plaintiff *(name)*:

alleges that defendant *(name)*:

Does _____ to _____

was the legal (proximate) cause of damages to plaintiff. By the following acts or omissions to act, defendant negligently caused the damage to plaintiff

on *(date)*:

at *(place)*:

(description of reasons for liability):

SHORT TITLE:	CASE NUMBER
--------------	-------------

CAUSE OF ACTION—Intentional Tort

Page _____

_____ (number)
 ATTACHMENT TO Complaint Cross - Complaint

(Use a separate cause of action form for each cause of action.)

IT- 1. Plaintiff *(name)*:

alleges that defendant *(name)*:

Does _____ to _____

was the legal (proximate) cause of damages to plaintiff. By the following acts or omissions to act, defendant intentionally caused the damage to plaintiff on at *(date)*:

(place):

(description of reasons for liability):

SHORT TITLE:	CASE NUMBER:
--------------	--------------

CAUSE OF ACTION—Premises Liability

Page _____

_____ (number)

ATTACHMENT TO Complaint Cross - Complaint

(Use a separate cause of action form for each cause of action.)

Prem.L-1. Plaintiff *(name)*:

alleges the acts of defendants were the legal (proximate) cause of damages to plaintiff.

On *(date)*: _____ plaintiff was injured on the following premises in the following

fashion *(description of premises and circumstances of injury)*:

Prem.L-2. **Count One--Negligence** The defendants who negligently owned, maintained, managed and operated the described premises were *(names)*:

Does _____ to _____

Prem.L-3. **Count Two--Willful Failure to Warn** [Civil Code section 846] The defendant owners who willfully or maliciously failed to guard or warn against a dangerous condition, use, structure, or activity were *(names)*:

Does _____ to _____

Plaintiff, a recreational user, was an invited guest a paying guest.

Prem.L- 4. **Count Three--Dangerous Condition of Public Property** The defendants who owned public property on which a dangerous condition existed were *(names)*:

Does _____ to _____

- a. The defendant public entity had actual constructive notice of the existence of the dangerous condition in sufficient time prior to the injury to have corrected it.
- b. The condition was created by employees of the defendant public entity.

Prem.L-5. a. **Allegations about Other Defendants** The defendants who were the agents and employees of the other defendants and acted within the scope of the agency were *(names)*:

Does _____ to _____

- b. The defendants who are liable to plaintiffs for other reasons and the reasons for their liability are described in attachment Prem.L-5.b as follows *(names)*:

SHORT TITLE:	CASE NUMBER:
--------------	--------------

CAUSE OF ACTION—Products Liability

Page _____

_____ (number)

ATTACHMENT TO Complaint Cross - Complaint

(Use a separate cause of action form for each cause of action.)

Plaintiff *(name)*:

Prod. L- 1. On or about *(date)*: _____ plaintiff was injured by the following product:

Prod. L-2. Each of the defendants knew the product would be purchased and used without inspection for defects. The product was defective when it left the control of each defendant. The product at the time of injury was being

used in the manner intended by the defendants.

used in the manner that was reasonably foreseeable by defendants as involving a substantial danger not readily apparent. Adequate warnings of the danger were not given.

Prod. L-3. Plaintiff was a

purchaser of the product.

user of the product.

bystander to the use of the product.

other *(specify)*:

PLAINTIFF'S INJURY WAS THE LEGAL (PROXIMATE) RESULT OF THE FOLLOWING:

Prod. L- 4. **Count One- -Strict liability** of the following defendants who

a. manufactured or assembled the product *(names)*:

Does _____ to _____

b. designed and manufactured component parts supplied to the manufacturer *(names)*:

Does _____ to _____

c. sold the product to the public *(names)*:

Does _____ to _____

Prod. L- 5. **Count Two- -Negligence** of the following defendants who owed a duty to plaintiff *(names)*:

Does _____ to _____

Prod. L- 6. **Count Three- -Breach of warranty** by the following defendants *(names)*:

Does _____ to _____

a. who breached an implied warranty

b. who breached an express warranty which was

written oral

Prod. L-7. The defendants who are liable to plaintiffs for other reasons and the reasons for the liability are

listed in Attachment-Prod. L-7 as follows:

SHORT TITLE:	CASE NUMBER:
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Exemplary Damages Attachment

Page _____

ATTACHMENT TO Complaint Cross - Complaint

EX- 1. As additional damages against defendant (*name*):

Plaintiff alleges defendant was guilty of

- malice
- fraud
- oppression

as defined in Civil Code section 3294, and plaintiff should recover, in addition to actual damages, damages to make an example of and to punish defendant.

EX-2. The facts supporting plaintiff's claim are as follows:

EX-3. The amount of exemplary damages sought is

- a. not shown, pursuant to Code of Civil Procedure section 425.10.
- b. \$

ATTORNEY OR PARTY WITHOUT ATTORNEY <i>(Name, state bar number, and address):</i> TELEPHONE NO: _____ FAX NO. <i>(Optional)</i> : _____ E-MAIL ADDRESS <i>(Optional)</i> : _____ ATTORNEY FOR <i>(Name)</i> : _____	FOR COURT USE ONLY
NAME OF COURT: STREET ADDRESS: MAILING ADDRESS: CITY AND ZIP CODE: BRANCH NAME:	
SHORT TITLE:	
CROSS-COMPLAINANT: CROSS-DEFENDANT:	
<input type="checkbox"/> DOES 1 TO _____	
CROSS-COMPLAINT—Personal Injury, Property Damage, Wrongful Death <input type="checkbox"/> AMENDED <i>(Number)</i> : _____ Causes of Action <i>(check all that apply)</i> : <input type="checkbox"/> Apportionment of Fault <input type="checkbox"/> Declaratory Relief <input type="checkbox"/> Indemnification <input type="checkbox"/> Other <i>(specify)</i> : _____	
Jurisdiction <i>(check all that apply)</i> : <input type="checkbox"/> ACTION IS A LIMITED CIVIL CASE (\$25,000 or less) <input type="checkbox"/> ACTION IS AN UNLIMITED CIVIL CASE (exceeds \$25,000) It <input type="checkbox"/> is <input type="checkbox"/> is not reclassified as unlimited by this cross-complaint	CASE NUMBER: _____

1. CROSS-COMPLAINANT *(name)*:
 alleges causes of action against CROSS-DEFENDANT *(name)*:

2. This pleading, including exhibits and attachments, consists of the following number of pages: _____

3. Each cross-complainant named above is a competent adult
 - a. **except** cross-complainant *(name)*:
 - (1) a corporation qualified to do business in California
 - (2) an unincorporated entity *(describe)*:
 - (3) a public entity *(describe)*:
 - (4) a minor an adult
 - (a) for whom a guardian or conservator of the estate or a guardian ad litem has been appointed
 - (b) other *(specify)*:
 - (5) other *(specify)*:

- Information about additional cross-complainants who are not competent adults is contained in Cross-Complaint—Attachment 3.

SHORT TITLE:	CASE NUMBER:
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4. Each cross-defendant named above is a natural person

- a. **except** cross-defendant (*name*):
- (1) a business organization, form unknown
 - (2) a corporation
 - (3) an unincorporated entity (*describe*):
 - (4) a public entity (*describe*):
 - (5) other (*specify*):

- b. **except** cross-defendant (*name*):
- (1) a business organization, form unknown
 - (2) a corporation
 - (3) an unincorporated entity (*describe*):
 - (4) a public entity (*describe*):
 - (5) other (*specify*):

Information about additional cross-defendants who are not natural persons is contained in Cross-Complaint-Attachment 4.

5. The true names and capacities of cross-defendants sued as Does are unknown to cross-complainant.

6. Cross-complainant is required to comply with a claims statute, **and**

- a. has complied with applicable claims statutes, **or**
- b. is excused from complying because (*specify*):

7. _____ **Cause of Action—indemnification**
(NUMBER)

- a. Cross-defendants were the agents, employees, co-venturers, partners, or in some manner agents or principals, or both, for each other and were acting within the course and scope of their agency or employment.
- b. The principal action alleges, among other things, conduct entitling plaintiff to compensatory damages against me. I contend that I am not liable for events and occurrences described in plaintiffs complaint.
- c. If I am found in some manner responsible to plaintiff or to anyone else as a result of the incidents and occurrences described in plaintiffs complaint, my liability would be based solely upon a derivative form of liability not resulting from my conduct, but only from an obligation imposed upon me by law; therefore, I would be entitled to complete indemnity from each cross-defendant.

8. _____ **Cause of Action—Apportionment of Fault**
(NUMBER)

- a. Each cross-defendant was responsible, in whole or in part, for the injuries, if any, suffered by plaintiff.
- b. If I am judged liable to plaintiff, each cross-defendant should be required: (1) to pay a share of plaintiffs judgment which is in proportion to the comparative negligence of that cross-defendant in causing plaintiffs damages; and (2) to reimburse me for any payments I make to plaintiff in excess of my proportional share of all cross-defendants' negligence.

SHORT TITLE: 	CASE NUMBER:
----------------------	----------------------

9. _____ Cause of Action—**Declaratory Relief**
(NUMBER)

An actual controversy exists between the parties concerning their respective rights and duties because cross-complainant contends and cross-defendant disputes as specified in Cross-Complaint—Attachment 9 as follows:

10. _____ Cause of Action—*(specify)*:
(NUMBER)

11. The following additional causes of action are attached and the statements below apply to each *(in each of the attachments, "plaintiff" means "cross-complainant" and "defendant" means "cross-defendant")*:

- a. Motor Vehicle
- b. General Negligence
- c. Intentional Tort
- d. Products Liability
- e. Premises Liability
- f. Other *(specify)*:

12. **CROSS-COMPLAINANT PRAYS** for judgment for costs of suit; for such relief as is fair, just, and equitable; and for

- a. total and complete indemnity for any judgments rendered against me.
- b. judgment in a proportionate share from each cross-defendant.
- c. a judicial determination that cross-defendants were the legal cause of any injuries and damages sustained by plaintiff and that cross-defendants indemnify me, either completely or partially, for any sums of money which may be recovered against me by plaintiff.
- d. compensatory damages
 - (1) (unlimited civil cases) according to proof.
 - (2) (limited civil cases) in the amount of: \$
- e. other *(specify)*:

13. The paragraphs of this cross-complaint alleged on information and belief are as follows *(specify paragraph numbers)*:

Date:

(TYPE OR PRINT NAME)

 _____
(SIGNATURE OF CROSS-COMPLAINANT OR ATTORNEY)

ATTORNEY OR PARTY WITHOUT ATTORNEY (<i>NAME AND ADDRESS</i>): TELEPHONE NO.:		FOR COURT USE ONLY
ATTORNEY FOR (<i>NAME</i>): Insert name of court, judicial district or branch court, if any, and post office and street address:		
PLAINTIFF:		
DEFENDANT:		
ANSWER—Personal Injury, Property Damage, Wrongful Death <input type="checkbox"/> COMPLAINT OF (<i>name</i>): <input type="checkbox"/> CROSS-COMPLAINT OF (<i>name</i>):		CASE NUMBER:

1. This pleading, including attachments and exhibits, consists of the following number of pages: _____

DEFENDANT OR CROSS-DEFENDANT (*name*):

2. Generally **denies** each allegation of the unverified complaint or cross-complaint.

3 a. DENIES each allegation of the following numbered paragraphs:

b. ADMITS each allegation of the following numbered paragraphs:

c. DENIES, ON INFORMATION AND BELIEF, each allegation of the following numbered paragraphs:

d. DENIES, BECAUSE OF LACK OF SUFFICIENT INFORMATION OR BELIEF TO ANSWER, each allegation of the following numbered paragraphs:

e. ADMITS the following allegations and generally denies all other allegations:

SHORT TITLE:	CASE NUMBER:
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ANSWER—Personal Injury, Property Damage, Wrongful Death

f. DENIES the following allegations and admits all other allegations:

g. Other (*specify*):

AFFIRMATIVELY ALLEGES AS A DEFENSE

4. The comparative fault of plaintiff or cross-complainant (*name*):
as follows:

5. The expiration of the Statute of Limitations as follows:

6. Other (*specify*):

7. DEFENDANT OR CROSS - DEFENDANT PRAYS
For costs of suit and that plaintiff or cross-complainant take nothing.
 Other (*specify*):

(Type or print name)

(Signature of party or attorney)

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, State Bar number, and address):	TELEPHONE NO.	FOR COURT USE ONLY
ATTORNEY FOR (Name):		
NAME OF COURT:		
STREET ADDRESS:		
MAILING ADDRESS:		
CITY AND ZIP CODE:		
BRANCH NAME:		
PLAINTIFF:		
DEFENDANT:		
GENERAL DENIAL		CASE NUMBER:

You **MUST** use this form for your general denial if the amount asked for in the complaint or the value of the property involved is \$1000 or less.

You **MAY** use this form if:

1. The complaint is not verified, OR
2. The complaint is verified, and the action is subject to the economic litigation procedures of the municipal and justice courts, EXCEPT

You **MAY NOT** use this form if the complaint is verified and involves a claim for more than \$1000 that has been assigned to a third party for collection.

(See Code of Civil Procedure sections 90-100, 431.30, and 431.40).

1. DEFENDANT (name):
generally denies each and every allegation of plaintiff's complaint.
2. DEFENDANT states the following FACTS as separate affirmative defenses to plaintiff's complaint (*attach additional pages if necessary*):

Date:

.....
(TYPE OR PRINT NAME)



(SIGNATURE OF DEFENDANT OR ATTORNEY)

If you have a claim for damages or other relief against the plaintiff, the law may require you to stat in a special pleading called a cross-complaint or you may lose your claim. (See Code of Civil Procedure sections 426.10–426.40.)

The original of this General Denial must be filed with the clerk of this court with proof that a copy was served on each plaintiff's attorney and on each plaintiff not represented by an attorney. (*See the other side for a proof of service.*)

PLAINTIFF (name): DEFENDANT (name):	CASE NUMBER:
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PROOF OF SERVICE

Personal Service **Mail**

A General Denial may be served by anyone at least 18 years of age EXCEPT you or any other party to this legal action. Service is made in one of the following ways:

(1) Personally delivering a copy to the attorney for the other party or, if no attorney, to the other party.

OR

(2) Mailing a copy, postage prepaid, to the last known address of the attorney for the other party or, if no attorney, to the other party.

Be sure whoever serves the General Denial fills out and signs a proof of service. File the proof of service with the court as soon as the General Denial is served.

1. At the time of service I was at least 18 years of age and **not a party to this legal action.**

2. I served a copy of the General Denial as follows (*check either a or b*):

a. **Personal service.** I personally delivered the General Denial as follows:

- (1) Name of person served:
- (2) Address where served:

- (3) Date served:
- (4) Time served:

b. **Mail.** I deposited the General Denial in the United States mail, in a sealed envelope with postage fully prepaid. The envelope was addressed and mailed as follows:

- (1) Name of person served:
- (2) Address:

- (3) Date of mailing:
- (4) Place of mailing (*city and state*):
- (5) I am a resident of or employed in the county where the General Denial was mailed.

c. My residence or business address is (*specify*):

d. My phone number is (*specify*):

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 OF PERSON WHO SERVED THE GENERAL DENIAL



 (SIGNATURE OF PERSON WHO SERVED THE GENERAL DENIAL)

PLAINTIFF/PETITIONER: DEFENDANT/RESPONDENT:	CASE NUMBER:
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**PROOF OF SERVICE OF CIVIL SUBPOENA
FOR PERSONAL APPEARANCE AT TRIAL OR HEARING**

1. I served this *Civil Subpoena for Personal Appearance at Trial or Hearing* by personally delivering a copy to the person served as follows:

- a. Person served (*name*):
- b. Address where served:
- c. Date of delivery:
- d. Time of delivery:
- e. Witness fees (*check one*):
 - (1) were offered or demanded and paid. Amount: \$ _____
 - (2) were not demanded or paid.
- f. Fee for service: \$ _____

2. I received this subpoena for service on (*date*):

3. Person serving:

- a. Not a registered California process server.
- b. California sheriff or marshal.
- c. Registered California process server.
- d. Employee or independent contractor of a registered California process server.
- e. Exempt from registration under Business and Professions Code section 22350(b).
- f. Registered professional photocopier.
- g. Exempt from registration under Business and Professions Code section 22451.
- h. Name, address, telephone number, and, if applicable, county of registration and number:

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

(For California sheriff or marshal use only)
I certify that the foregoing is true and correct.

Date:

Date:

▶ _____
(SIGNATURE)

▶ _____
(SIGNATURE)

ATTORNEY OR PARTY WITHOUT ATTORNEY (<i>Name, State Bar number, and address</i>): TELEPHONE NO.: _____ FAX NO.: _____ ATTORNEY FOR (<i>Name</i>): _____	FOR COURT USE ONLY
NAME OF COURT: STREET ADDRESS: MAILING ADDRESS: CITY AND ZIP CODE: BRANCH NAME:	
PLAINTIFF/ PETITIONER: DEFENDANT/ RESPONDENT:	
CIVIL SUBPOENA (DUCES TECUM) for Personal Appearance and Production of Documents and Things at Trial or Hearing AND DECLARATION	CASE NUMBER: _____

THE PEOPLE OF THE STATE OF CALIFORNIA, TO (*name, address, and telephone number of witness, if known*):

1. YOU ARE ORDERED TO APPEAR AS A WITNESS in this action at the date, time, and place shown in the box below UNLESS your appearance is excused as indicated in box 3b below or you make an agreement with the person named in item 4 below.

a. Date:	Time:	<input type="checkbox"/>	Dept.:	<input type="checkbox"/>	Div.:	<input type="checkbox"/>	Room:
b. Address:							

2. IF YOU HAVE BEEN SERVED WITH THIS SUBPOENA AS A CUSTODIAN OF CONSUMER OR EMPLOYEE RECORDS UNDER CODE OF CIVIL PROCEDURE SECTION 1985.3 OR 1985.6 AND A MOTION TO QUASH OR AN OBJECTION HAS BEEN SERVED ON YOU, A COURT ORDER OR AGREEMENT OF THE PARTIES, WITNESSES, AND CONSUMER OR EMPLOYEE AFFECTED MUST BE OBTAINED BEFORE YOU ARE REQUIRED TO PRODUCE CONSUMER OR EMPLOYEE RECORDS.

3. YOU ARE (*item a or b must be checked*):

- a. Ordered to appear in person and to produce the records described in the declaration on page two or the attached declaration or affidavit. The personal attendance of the custodian or other qualified witness and the production of the original records are required by this subpoena. The procedure authorized by Evidence Code sections 1560(b), 1561, and 1562 will not be deemed sufficient compliance with this subpoena.
- b. Not required to appear in person if you produce (i) the records described in the declaration on page two or the attached declaration or affidavit and (ii) a completed declaration of custodian of records in compliance with Evidence Code sections 1560, 1561, 1562, and 1271. (1) Place a copy of the records in an envelope (or other wrapper). Enclose the original declaration of the custodian with the records. Seal the envelope. (2) Attach a copy of this subpoena to the envelope or write on the envelope the case name and number; your name; and the date, time, and place from item 1 in the box above. (3) Place this first envelope in an outer envelope, seal it, and mail it to the clerk of the court at the address in item 1. (4) Mail a copy of your declaration to the attorney or party listed at the top of this form.

4. IF YOU HAVE ANY QUESTIONS ABOUT THE TIME OR DATE YOU ARE TO APPEAR, OR IF YOU WANT TO BE CERTAIN THAT YOUR PRESENCE IS REQUIRED, CONTACT THE FOLLOWING PERSON BEFORE THE DATE ON WHICH YOU ARE TO APPEAR:

- a. Name of subpoenaing party or attorney:
- b. Telephone number:

5. **Witness Fees:** You are entitled to witness fees and mileage actually traveled both ways, as provided by law, if you request them at the time of service. You may request them before your scheduled appearance from the person named in item 4.

DISOBEDIENCE OF THIS SUBPOENA MAY BE PUNISHED AS CONTEMPT BY THIS COURT. YOU WILL ALSO BE LIABLE FOR THE SUM OF FIVE HUNDRED DOLLARS AND ALL DAMAGES RESULTING FROM YOUR FAILURE TO OBEY.

Date issued:

 (TYPE OR PRINT NAME)

▶ _____
 (SIGNATURE OF PERSON ISSUING SUBPOENA)

(Declaration in support of subpoena on reverse)

(TITLE)

PLAINTIFF/PETITIONER: DEFENDANT/RESPONDENT:	CASE NUMBER:
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The production of the documents or the other things sought by the subpoena on page one is supported by (check one):
 the attached affidavit or declaration the following declaration:

DECLARATION IN SUPPORT OF CIVIL SUBPOENA (DUCES TECUM) FOR PERSONAL APPEARANCE AND PRODUCTION OF DOCUMENTS AND THINGS AT TRIAL OR HEARING
 (Code Civ. Proc., §§ 1985,1987.5)

1. I, the undersigned, declare I am the plaintiff defendant petitioner respondent
 attorney for (specify): other (specify):
 in the above-entitled action.

2. The witness has possession or control of the following documents or other things and shall produce them at the time and place specified in the *Civil Subpoena for Personal Appearance and Production of Documents and Things at Trial or Hearing* on page one of this form (specify the exact documents or other things to be produced):

Continued on Attachment 2.

3. Good cause exists for the production of the documents or other things described in paragraph 2 for the following reasons:

Continued on Attachment 3.

4. These documents or other things described in paragraph 2 are material to the issues involved in this case for the following reasons:

Continued on Attachment 4.

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 SUBPOENAING PARTY ATTORNEY FOR SUBPOENAING PARTY)

(Proof of service on page 3)

PLAINTIFF/PETITIONER:	CASE NUMBER:
DEFENDANT/RESPONDENT:	

**PROOF OF SERVICE OF CIVIL SUBPOENA (DUCES TECUM)
FOR PERSONAL APPEARANCE AND PRODUCTION OF DOCUMENTS
AND THINGS AT TRIAL OR HEARING AND DECLARATION**

1. I served this *Civil Subpoena (Duces Tecum)* for Personal Appearance and Production of Documents and Things at Trial or Hearing and Declaration by personally delivering a copy to the person served as follows:

- a. Person served (name):
- b. Address where served:

- c. Date of delivery:
- d. Time of delivery:

- e. Witness fees (check one):
 - (1) were offered or demanded and paid. Amount: \$ _____
 - (2) were not demanded or paid.

- f. Fee for service: \$ _____

2. I received this subpoena for service on (date):

3. Person serving:

- a. Not a registered California process server.
- b. California sheriff or marshal.
- c. Registered California process server.
- d. Employee or independent contractor of a registered California process server.
- e. Exempt from registration under Business and Professions Code section 22350(b).
- f. Registered professional photocopier.
- g. Exempt from registration under Business and Professions Code section 22451.
- h. Name, address, telephone number, and, if applicable, county of registration and number:

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

(For California sheriff or marshal use only)
I certify that the foregoing is true and correct.

Date:

Date:

▶ _____
(SIGNATURE)

▶ _____
(SIGNATURE)

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, State Bar number, and address): TELEPHONE NO.: _____ FAX NO. (Optional): _____ E-MAIL ADDRESS (Optional): _____ ATTORNEY FOR (Name): _____	FOR COURT USE ONLY
SUPERIOR COURT OF CALIFORNIA, COUNTY OF STREET ADDRESS: MAILING ADDRESS: CITY AND ZIP CODE: BRANCH NAME:	
PLAINTIFF/PETITIONER: DEFENDANT/RESPONDENT:	
DEPOSITION SUBPOENA FOR PRODUCTION OF BUSINESS RECORDS	CASE NUMBER:

THE PEOPLE OF THE STATE OF CALIFORNIA, TO (name, address, and telephone number of deponent, if known):

1. YOU ARE ORDERED TO PRODUCE THE BUSINESS RECORDS described in item 3, as follows:

To (name of deposition officer): On (date) : _____ Location (address): _____	At (time): _____
Do not release the requested records to the deposition officer prior to the date and time stated above.	

- a. by delivering a true, legible, and durable **copy** of the business records described in item 3, enclosed in a sealed inner wrapper with the title and number of the action, name of witness, and date of subpoena clearly written on it. The inner wrapper shall then be enclosed in an outer envelope or wrapper, sealed, and mailed to the deposition officer at the address in item 1.
 - b. by delivering a true, legible, and durable **copy** of the business records described in item 3 to the deposition officer at the witness's address, on receipt of payment in cash or by check of the reasonable costs of preparing the copy, as determined under Evidence Code section 1563(b).
 - c. by making the **original** business records described in item 3 available for inspection at your business address by the attorney's representative and permitting **copying** at your business address under reasonable conditions during normal business hours.
2. *The records are to be produced by the date and time shown in item 1 (but not sooner than 20 days after the issuance of the deposition subpoena, or 15 days after service, whichever date is later). Reasonable costs of locating records, making them available or copying them, and postage, if any, are recoverable as set forth in Evidence Code section 1563(b). The records shall be accompanied by an affidavit of the custodian or other qualified witness pursuant to Evidence Code section 1561.*
3. **The records to be produced are described as follows:**

Continued on Attachment 3.

4. IF YOU HAVE BEEN SERVED WITH THIS SUBPOENA AS A CUSTODIAN OF CONSUMER OR EMPLOYEE RECORDS UNDER CODE OF CIVIL PROCEDURE SECTION 1985.3 OR 1985.6 AND A MOTION TO QUASH OR AN OBJECTION HAS BEEN SERVED ON YOU, A COURT ORDER OR AGREEMENT OF THE PARTIES, WITNESSES, AND CONSUMER OR EMPLOYEE AFFECTED MUST BE OBTAINED BEFORE YOU ARE REQUIRED TO PRODUCE CONSUMER OR EMPLOYEE RECORDS.

DISOBEDIENCE OF THIS SUBPOENA MAY BE PUNISHED AS CONTEMPT BY THIS COURT. YOU WILL ALSO BE LIABLE FOR THE SUM OF FIVE HUNDRED DOLLARS AND ALL DAMAGES RESULTING FROM YOUR FAILURE TO OBEY.

Date issued:

(TYPE OR PRINT NAME)



(SIGNATURE OF PERSON ISSUING SUBPOENA)

(Proof of service on reverse)

(TITLE)

PLAINTIFF/PETITIONER: DEFENDANT/RESPONDENT:	CASE NUMBER:
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PROOF OF SERVICE OF DEPOSITION SUBPOENA FOR PRODUCTION OF BUSINESS RECORDS

1. I served this *Deposition Subpoena for Production of Business Records* by personally delivering a copy to the person served as follows:

a. Person served (*name*):

b. Address where served:

c. Date of delivery:

d. Time of delivery:

e. (1) Witness fees were paid.
Amount: \$ _____

(2) Copying fees were paid.
Amount: \$ _____

f. Fee for service: \$ _____

2. I received this subpoena for service on (*date*):

3. Person serving:

- a. Not a registered California process server.
- b. California sheriff or marshal.
- c. Registered California process server.
- d. Employee or independent contractor of a registered California process server.
- e. Exempt from registration under Business and Professions Code section 22350(b).
- f. Registered professional photocopier.
- g. Exempt from registration under Business and Professions Code section 22451.
- h. Name, address, telephone number, and, if applicable, county of registration and number:

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

(For California sheriff or marshal use only)
I certify that the foregoing is true and correct.

Date:

Date:

(SIGNATURE)

(SIGNATURE)

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, State Bar number, and address): TELEPHONE NO.: _____ FAX NO. (Optional): _____ E-MAIL ADDRESS (Optional): _____ ATTORNEY FOR (Name): _____	FOR COURT USE ONLY
SUPERIOR COURT OF CALIFORNIA, COUNTY OF STREET ADDRESS: MAILING ADDRESS: CITY AND ZIP CODE: BRANCH NAME:	
PLAINTIFF/ PETITIONER: DEFENDANT/ RESPONDENT:	
DEPOSITION SUBPOENA FOR PERSONAL APPEARANCE	CASE NUMBER:

THE PEOPLE OF THE STATE OF CALIFORNIA, TO (name, address, and telephone number of deponent, if known):

1. YOU ARE ORDERED TO APPEAR IN PERSON TO TESTIFY AS A WITNESS in this action at the following date, time, and place:

Date:	Time:	Address:
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- a. As a deponent who is not a natural person, you are ordered to designate one or more persons to testify on your behalf as to the matters described in item 2. (Code Civ. Proc., § 2025.220(a)(6).)
 - b. This deposition will be recorded stenographically through the instant visual display of testimony, and by audiotape videotape.
 - c. This videotape deposition is intended for possible use at trial under Code of Civil Procedure section 2025.620(d).
2. If the witness is a representative of a business or other entity, the matters upon which the witness is to be examined are as follows:

3. *At the deposition, you will be asked questions under oath. Questions and answers are recorded stenographically at the deposition; later they are transcribed for possible use at trial. You may read the written record and change any incorrect answers before you sign the deposition. You are entitled to receive witness fees and mileage actually traveled both ways. The money must be paid, at the option of the party giving notice of the deposition, either with service of this subpoena or at the time of the deposition.*

DISOBEDIENCE OF THIS SUBPOENA MAY BE PUNISHED AS CONTEMPT BY THIS COURT. YOU WILL ALSO BE LIABLE FOR THE SUM OF FIVE HUNDRED DOLLARS AND ALL DAMAGES RESULTING FROM YOUR FAILURE TO OBEY.

Date issued:

(TYPE OR PRINT NAME)

▶

(SIGNATURE OF PERSON ISSUING SUBPOENA)

(TITLE)

(Proof of service on reverse)

PLAINTIFF/PETITIONER:	CASE NUMBER:
DEFENDANT/RESPONDENT:	

PROOF OF SERVICE OF DEPOSITION SUBPOENA FOR PERSONAL APPEARANCE

1. I served this *Deposition Subpoena for Personal Appearance* by personally delivering a copy to the person served as follows:

- a. Person served (*name*):

- b. Address where served:

- c. Date of delivery:

- d. Time of delivery:

- e. Witness fees and mileage both ways (*check one*):
 - (1) were paid. Amount: \$ _____
 - (2) were not paid.
 - (3) were tendered to the witness's public entity employer as required by Government Code section 68097.2. The amount tendered was (*specify*): \$ _____

- f. Fee for service: \$ _____

2. I received this subpoena for service on (*date*):

3. Person serving:

- a. Not a registered California process server.
- b. California sheriff or marshal.
- c. Registered California process server.
- d. Employee or independent contractor of a registered California process server.
- e. Exempt from registration under Business and Professions Code section 22350(b).
- f. Registered professional photocopier.
- g. Exempt from registration under Business and Professions Code section 22451.
- h. Name, address, telephone number, and, if applicable, county of registration and number:

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

(For California sheriff or marshal use only)
I certify that the foregoing is true and correct.

Date:

Date:

▶ _____

(SIGNATURE)

▶ _____

(SIGNATURE)

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, State Bar number, and address): TELEPHONE NO.: _____ FAX NO. (Optional): _____ E-MAIL ADDRESS (Optional): _____ ATTORNEY FOR (Name): _____	FOR COURT USE ONLY
SUPERIOR COURT OF CALIFORNIA, COUNTY OF STREET ADDRESS: MAILING ADDRESS: CITY AND ZIP CODE: BRANCH NAME:	
PETITIONER: RESPONDENT:	
DEPOSITION SUBPOENA FOR PERSONAL APPEARANCE AND PRODUCTION OF DOCUMENTS AND THINGS	CASE NUMBER:

THE PEOPLE OF THE STATE OF CALIFORNIA, TO (name, address, and telephone number of deponent, if known):

1. YOU ARE ORDERED TO APPEAR IN PERSON TO TESTIFY AS A WITNESS in this action at the following date, time, and place:

Date:	Time:	Address:
-------	-------	----------

- a. As a deponent who is not a natural person, you are ordered to designate one or more persons to testify on your behalf as to the matters described in item 4. (Code Civ. Proc., § 2025.220(a)(6)).
 - b. You are ordered to produce the documents and things described in item 3.
 - c. This deposition will be recorded stenographically through the instant visual display of testimony, and by audiotape videotape
 - d. This videotape deposition is intended for possible use at trial under Code of Civil Procedure section 2025.620(d).
2. The personal attendance of the custodian or other qualified witness and the production of the original records are required by this subpoena. The procedure authorized by Evidence Code sections 1560(b), 1561, and 1562 will not be deemed sufficient compliance with this subpoena.
3. The documents and things to be produced and any testing or sampling being sought are described as follows:
- Continued on Attachment 3.
4. If the witness is a representative of a business or other entity, the matters upon which the witness is to be examined are described as follows:
- Continued on Attachment 4.
5. **IF YOU HAVE BEEN SERVED WITH THIS SUBPOENA AS A CUSTODIAN OF CONSUMER OR EMPLOYEE RECORDS UNDER CODE OF CIVIL PROCEDURE SECTION 1985.3 OR 1985.6 AND A MOTION TO QUASH OR AN OBJECTION HAS BEEN SERVED ON YOU, A COURT ORDER OR AGREEMENT OF THE PARTIES, WITNESSES, AND CONSUMER OR EMPLOYEE AFFECTED MUST BE OBTAINED BEFORE YOU ARE REQUIRED TO PRODUCE CONSUMER OR EMPLOYEE RECORDS.**
6. *At the deposition, you will be asked questions under oath. Questions and answers are recorded stenographically at the deposition; later they are transcribed for possible use at trial. You may read the written record and change any incorrect answers before you sign the deposition. You are entitled to receive witness fees and mileage actually traveled both ways. The money must be paid, at the option of the party giving notice of the deposition, either with service of this subpoena or at the time of the deposition.*

DISOBEDIENCE OF THIS SUBPOENA MAY BE PUNISHED AS CONTEMPT BY THIS COURT. YOU WILL ALSO BE LIABLE FOR THE SUM OF FIVE HUNDRED DOLLARS AND ALL DAMAGES RESULTING FROM YOUR FAILURE TO OBEY.

Date issued:

(TYPE OR PRINT NAME)

▶ _____

(SIGNATURE OF PERSON ISSUING SUBPOENA)

PLAINTIFF/PETITIONER:	CASE NUMBER:
DEFENDANT/RESPONDENT:	

**PROOF OF SERVICE OF DEPOSITION SUBPOENA FOR PERSONAL APPEARANCE
AND PRODUCTION OF DOCUMENTS AND THINGS**

1. I served this *Deposition Subpoena for Personal Appearance and Production of Documents and Things* by personally delivering a copy to the person served as follows:

a. Person served (*name*):

b. Address where served:

c. Date of delivery:

d. Time of delivery:

e. Witness fees and mileage both ways (*check one*):

(1) were paid. Amount: \$ _____

(2) were not paid.

(3) were tendered to the witness's public entity employer as required by Government Code section 68097.2. The amount tendered was (*specify*): \$ _____

f. Fee for service: \$ _____

2. I received this subpoena for service on (*date*):

3. Person serving:

- a. Not a registered California process server.
- b. California sheriff or marshal.
- c. Registered California process server.
- d. Employee or independent contractor of a registered California process server.
- e. Exempt from registration under Business and Professions Code section 22350(b).
- f. Registered professional photocopier.
- g. Exempt from registration under Business and Professions Code section 22451.
- h. Name, address, telephone number, and, if applicable, county of registration and number:

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

(For California sheriff or marshal use only)
I certify that the foregoing is true and correct.

Date:

Date:

▶ _____
(SIGNATURE)

▶ _____
(SIGNATURE)

PLAINTIFF/PETITIONER: DEFENDANT/RESPONDENT:	CASE NUMBER:
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PROOF OF SERVICE OF NOTICE TO CONSUMER OR EMPLOYEE AND OBJECTION
(Code Civ. Proc., §§ 1985.3, 1985.6)

Personal Service Mail

1. At the time of service I was at least 18 years of age and **not a party to this legal action.**
2. I served a copy of the *Notice to Consumer or Employee and Objection* as follows (check either a or b):
 - a. **Personal service.** I personally delivered the *Notice to Consumer or Employee and Objection* as follows:

(1) Name of person served:	(3) Date served:
(2) Address where served:	(4) Time served:
 - b. **Mail.** I deposited the *Notice to Consumer or Employee and Objection* in the United States mail, in a sealed envelope with postage fully prepaid. The envelope was addressed as follows:

(1) Name of person served:	(3) Date of mailing:
(2) Address:	(4) Place of mailing (city and state):
- (5) I am a resident of or employed in the county where the *Notice to Consumer or Employee and Objection* was mailed.
- c. My residence or business address is (specify):
- d. My phone number is (specify):

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 OF PERSON WHO SERVED)	▶	(SIGNATURE OF PERSON WHO SERVED)
---	---	----------------------------------

PROOF OF SERVICE OF OBJECTION TO PRODUCTION OF RECORDS
(Code Civ. Proc., §§ 1985.3, 1985.6)

Personal Service Mail

1. At the time of service I was at least 18 years of age and **not a party to this legal action.**
2. I served a copy of the *Objection to Production of Records* as follows (complete either a or b):
 - a. ON THE REQUESTING PARTY
 - (1) **Personal service.** I personally delivered the *Objection to Production of Records* as follows:

(i) Name of person served:	(iii) Date served:
(ii) Address where served:	(iv) Time served:
 - (2) **Mail.** I deposited the *Objection to Production of Records* in the United States mail, in a sealed envelope with postage fully prepaid. The envelope was addressed as follows:

(i) Name of person served:	(iii) Date of mailing:
(ii) Address:	(iv) Place of mailing (city and state):
 - (v) I am a resident of or employed in the county where the *Objection to Production of Records* was mailed.
 - b. ON THE WITNESS
 - (1) **Personal service.** I personally delivered the *Objection to Production of Records* as follows:

(i) Name of person served:	(iii) Date served:
(ii) Address where served:	(iv) Time served:
 - (2) **Mail.** I deposited the *Objection to Production of Records* in the United States mail, in a sealed envelope with postage fully prepaid. The envelope was addressed as follows:

(i) Name of person served:	(iii) Date of mailing:
(ii) Address:	(iv) Place of mailing (city and state):
 - (v) I am a resident of or employed in the county where the *Objection to Production of Records* was mailed.
3. My residence or business address is (specify):
4. My phone number is (specify):

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 OF PERSON WHO SERVED)	▶	(SIGNATURE OF PERSON WHO SERVED)
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SHORT TITLE:	CASE NUMBER:
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INSTRUCTIONS FOR USE

- This form may be used as an attachment to any summons if space does not permit the listing of all parties on the summons.
- If this attachment is used, insert the following statement in the plaintiff or defendant box on the summons: "Additional Parties Attachment form is attached."

List additional parties (*Check only one box. Use a separate page for each type of party.*):

Plaintiff
 Defendant
 Cross-Complainant
 Cross-Defendant

ATTORNEY OR PARTY WITHOUT ATTORNEY (<i>Name, state number, and address</i>): TELEPHONE NO.: _____ FAX NO.: _____ ATTORNEY FOR (<i>Name</i>): _____	FOR COURT USE ONLY
NAME OF COURT: STREET ADDRESS: MAILING ADDRESS: CITY AND ZIP CODE: BRANCH NAME:	
PLAINTIFF/ PETITIONER: DEFENDANT/ RESPONDENT:	
DECLARATION OF LOST SUMMONS AFTER SERVICE	CASE NUMBER:

1. At the time of service, I was at least eighteen (18) years of age and not a party to this action.
2. On (*date*): _____, I served a copy of a *Summons* together with (*specify documents*):

on defendant/cross-defendant/respondent in this proceeding, in the manner described below.

3. Name of party served and title, if any:
4. Person with whom a copy of the *Summons* was left, and title or relationship to party served:
5. Mailing date and type of mail:
6. Address, city, and state (*when required, indicate whether address is home or business*):

7. Manner of service:

- a. **Personal service.** By personally delivering copies to person served. (Code Civ. Proc., § 415.1 0.)
- b. **Substituted service on a corporation or unincorporated association (including partnership or public entity).** By leaving, during usual office hours, copies in the office of the person served, with the person who apparently was in charge and thereafter mailing (by first-class mail, postage prepaid) copies to the person served at the place where the copies were left. (Code Civ. Proc., § 415.20(a).
Place of mailing (*specify*): _____
- c. **Substituted service on natural person, minor, or incompetent.** By leaving copies at the dwelling house, usual place of abode, or usual place of business of the person served with or in the presence of a competent member of the household or a person apparently in charge of the office or place of business, at least 18 years of age, who was informed of the general nature of the papers, and thereafter mailing (by first-class mail, postage prepaid) copies to the person served at the place where the copies were left. (Code Civ. Proc., § 415.20(b).) Attached is a separate declaration or affidavit stating acts relied on to establish reasonable diligence in first attempting personal service.
Place of mailing (*specify*): _____
- d. **Mail and acknowledgment of service.** By mailing (by first-class mail, postage prepaid) copies to the person served, together with two copies of the notice and acknowledgment provided for in Code of Civil Procedure section 415.30(b) and a return envelope, postage prepaid, addressed to the sender. (Code Civ. Proc., § 415.30.) Attached is a completed copy of the notice and acknowledgment of receipt mailed to the sender. Place of mailing (*specify*): _____

PLAINTIFF/PETITIONER: DEFENDANT/RESPONDENT:	CASE NUMBER:
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e. **Certified or registered mail service.** By mailing to an address outside California (by registered or certified mail with return receipt requested) copies to the person served. (Code Civ. Proc., § 415.40.) Attached is a signed return receipt or other evidence of actual delivery to the person served.
Place of mailing (*specify*):

f. **Other.** Specify other manner of service and authorizing code sections:

Continued on Attachment 7f.

8. The following notice appeared on the copy of the *Summons* served (Code Civ. Proc., § 412.30, 415.10, or 474):

- a. You are served as an individual defendant.
- b. You are served as (or on behalf of) the person sued under the fictitious name of (*specify*):
- c. You are served on behalf of (*specify*):
 - under: (1) Code Civ. Proc., § 416.10 (corporation) (5) Code Civ. Proc., § 416.60 (minor)
 - (2) Code Civ. Proc., § 416.20 (defunct corporation) (6) Code Civ. Proc., § 416.70 (conservatee)
 - (3) Code Civ. Proc., § 416.40 (association/partnership) (7) Code Civ. Proc., § 416.90 (individual)
 - (4) By personal delivery on (*date*):

9. This declaration is returned in lieu of the original *Summons*.

10. Declarant's current address and telephone number are as follows:

- a. Address:

- b. Telephone number:

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 DECLARANT)

ATTORNEY OR PARTY WITHOUT ATTORNEY (<i>Name and Address</i>): ATTORNEY FOR (<i>Name</i>):	TELEPHONE NO:	FOR COURT USE ONLY
NAME OF COURT: STREET ADDRESS: MAILING ADDRESS: CITY AND ZIP CODE: BRANCH NAME:		
PLAINTIFF: DEFENDANT:		
ANSWER—Unlawful Detainer		CASE NUMBER:

1. Defendant (*names*):

answers the complaint as follows:

2. **Check ONLY ONE of the next two boxes:**

- a. Defendant generally denies each statement of the complaint. (*Do not check this box if the complaint demands more than \$1,000.*)
- 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 (*use paragraph numbers from the complaint or explain*):

Continued on Attachment 2b (1).

- (2) Defendant has no information or belief that the following statements of the complaint are true, so defendant denies them (*use paragraph numbers from the complaint or explain*):

Continued on Attachment 2b (2).

3. AFFIRMATIVE DEFENSES (**NOTE:** *For each box checked, you must state brief facts to support it in the space provided at the top of page two (item 3j).*)

- 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. Plaintiff waived, changed, or canceled the notice to quit.
- e. Plaintiff served defendant with the notice to quit or filed the complaint to retaliate against defendant.
- f. 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 laws of the United States or California.
- g. 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 the facts showing violation of the ordinance in item 3j.*)

- h. Plaintiff accepted rent from defendant to cover a period of time after the date the notice to quit expired.
- i. Other affirmative defenses are stated in item 3j.

PLAINTIFF (Name):	CASE NUMBER:
DEFENDANT (Name):	

3. AFFIRMATIVE DEFENSES (cont'd)

j. Facts supporting affirmative defenses checked above (identify each item separately by its letter from page one):

(1) All the facts are stated in Attachment 3j. (2) Facts are continued in Attachment 3j.

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):

- c. Other (specify):

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):

6. Number of pages attached (specify):

UNLAWFUL DETAINER ASSISTANT (Business and Professions Code sections 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 No.:
- c. Street address, city, and ZIP:
- d. County of registration:
- e. Registration No.:
- f. Expires on (date):

(TYPE OR PRINT NAME)	▶	(SIGNATURE OF DEFENDANT OR ATTORNEY)
(TYPE OR PRINT NAME)	▶	(SIGNATURE OF DEFENDANT OR ATTORNEY)

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

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)
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ATTORNEY OR PARTY WITHOUT ATTORNEY (<i>Name, State Bar number, and address</i>):	TELEPHONE NO.:	LEVYING OFFICER (<i>Name and Address</i>):	
ATTORNEY FOR (<i>Name</i>):			
NAME OF COURT, JUDICIAL DISTRICT, OR BRANCH COURT, IF ANY:			
PLAINTIFF:	DEFENDANT:		
APPLICATION FOR EARNINGS WITHHOLDING ORDER (Wage Garnishment)		LEVYING OFFICER FILE NO.:	COURT CASE NO.:

TO THE SHERIFF OR ANY MARSHAL OR CONSTABLE OF THE COUNTY OF
OR ANY REGISTERED PROCESS SERVER

1. The judgment creditor (*name*):

requests issuance of an Earnings Withholding Order directing the employer to withhold the earnings of the judgment debtor (employee).

<div style="border-bottom: 1px solid black; width: 100%;"></div> <p style="text-align: center;">Name and address of employer</p>	<div style="border-bottom: 1px solid black; width: 100%;"></div> <p style="text-align: center;">Name and address of employee</p>
<div style="border-bottom: 1px solid black; width: 100%;"></div>	<div style="border-bottom: 1px solid black; width: 100%;"></div>

2. The amounts withheld are to be paid to

Social Security Number (*if known*):

a. The attorney (or party without an attorney)
named at the top of this page.

b. Other (*name, address, and telephone*):

3. a. Judgment was entered on (*date*):

b. Collect the amount directed by the Writ of Execution unless a lesser amount is specified here:

\$

4. The Writ of Execution was issued to collect delinquent amounts payable for the **support** of a child, former spouse, or spouse of the employee.

5. Special instructions (*specify*):

6. (**Check a or b**)

a. I have not previously obtained an order directing this employer to withhold the earnings of this employee.
—OR—

b. I have previously obtained such an order, but that order (*check one*):

was terminated by a court order, but I am entitled to apply for another Earnings Withholding Order under the provisions of Code of Civil Procedure section 706.105 (h).

was ineffective.

(TYPE OR PRINT NAME)

(SIGNATURE OF ATTORNEY OR PARTY WITHOUT ATTORNEY)

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 DECLARANT)

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, State Bar number, and address):	TELEPHONE AND FAX NOS.:	LEVYING OFFICER (Name and Address):
ATTORNEY FOR (Name):		
NAME OF COURT, JUDICIAL DISTRICT, AND BRANCH COURT, IF ANY:		
PLAINTIFF:	DEFENDANT:	
EARNINGS WITHHOLDING ORDER (Wage Garnishment)		LEVYING OFFICER FILE NO.:
		COURT CASE NO.:

EMPLOYEE: KEEP YOUR COPY OF THIS LEGAL PAPER. EMPLEADO: GUARDE ESTE PAPEL OFICIAL

EMPLOYER: Enter the following date to assist your record keeping.
Date this order was received by employer (specify the date of personal delivery by levying officer or registered process server or the date mail receipt was signed):

TO THE EMPLOYER REGARDING YOUR EMPLOYEE:

<div style="border: 1px solid black; padding: 5px; margin-bottom: 5px;">Name and address of employer</div> <div style="border: 1px solid black; padding: 5px; margin-bottom: 5px;"> </div>	<div style="border: 1px solid black; padding: 5px; margin-bottom: 5px;">Name and address of employee</div> <div style="border: 1px solid black; padding: 5px; margin-bottom: 5px;"> </div>
Social Security Number (if known):	

1. A judgment creditor has obtained this order to collect a court judgment against your employee. You are directed to withhold part of the earnings of the employee (see instructions on reverse of this form). Pay the withheld sums to the **levying officer** (name and address above).
 If the employee works for you now, you must **give the employee a copy of this order and the *Employee Instructions*** (form WG-003-INFO) within 10 days after receiving this order.
Complete both copies of the form *Employer's Return* (form WG-005) and mail them to the levying officer within 15 days after receiving this order, whether or not the employee works for you.
2. The total amount due is: \$ _____
 Count 10 calendar days from the date when you received this order. If your employee's pay period ends before the tenth day, **do not** withhold earnings payable for that pay period. **Do** withhold from earnings that are payable for any pay period ending on or after that tenth day.

 Continue withholding for all pay periods until you withhold the amount due. The levying officer will notify you of an assessment you should withhold in addition to the amount due. Do not withhold more than the total of these amounts. Never withhold any earnings payable before the beginning of the earnings withholding period.
3. The judgment was entered in the court on (date): _____
 The judgment creditor (if different from the plaintiff) is (name): _____
4. The **EMPLOYER'S INSTRUCTIONS** on the reverse tell you how much of the employee's earnings to withhold each payday and answer other questions you may have.

Date: _____

_____ (TYPE OR PRINT NAME)		_____ (SIGNATURE)
<input type="checkbox"/> LEVYING OFFICER		<input type="checkbox"/> REGISTERED PROCESS SERVER

(Employer's Instructions on reverse) Page 1 of 2

**EMPLOYER'S INSTRUCTIONS
EARNINGS WITHHOLDING ORDERS**

WG-002

The instructions in paragraph 1 on the reverse of this form describe your early duties to provide information to your employee and the levying officer.

Your other duties are TO WITHHOLD THE CORRECT AMOUNT OF EARNINGS (if any) and PAY IT TO THE LEVYING OFFICER during the withholding period.

The withholding period is the period covered by the *Earnings Withholding Order* (this order). The withholding period begins ten (10) calendar days after you receive the order and continues until the total amount due, plus additional amounts for costs and interest (which will be listed in a levying officer's notice), is withheld.

It may end sooner if (1) you receive a written notice signed by the levying officer specifying an earlier termination date, or (2) an order of higher priority (explained on the reverse of the *EMPLOYER'S RETURN* is received.

You are entitled to rely on and must obey all written notices signed by the levying officer.

The *Employer's Return* (form WG-005) describes several situations that could affect the withholding period for this order. If you receive more than one *Earnings Withholding Order* during a withholding period, review that form (*Employer's Return*) for instructions.

If the employee stops working for you, the *Earnings Withholding Order* ends after no amounts are withheld for a continuous 180 day period. If withholding ends because the earnings are subject to an order of higher priority, the *Earnings Withholding Order* ends after a continuous two year period during which no amounts are withheld under the order. **Return the Earnings Withholding Order to the levying officer with a statement of the reason it is being returned.**

WHAT TO DO WITH THE MONEY

The amounts withheld during the withholding period must be paid to the levying officer by the 15th of the next month after each payday. If you wish to pay more frequently than monthly, each payment must be made within ten (10) days after the close of the pay period.

Be sure to make a *check* with the case number, the levying officer's file number, if different, and the employee's name so the money will be applied to the correct account.

WHAT IF YOU STILL HAVE QUESTIONS?

The garnishment law is contained in the Code of Civil Procedure beginning with section 706.010. Sections 706.022, 706.025, and 706.104 explain the employer's duties.

The Federal Wage Garnishment Law and federal rules provide the basic protections on which the California law is based. Inquiries about the federal law will be answered by mail, telephone, or personal interview at any office of the Wage and Hour Division of the U.S. Department of Labor. Offices are listed in the telephone directory under the U.S. Department of Labor in the U.S. Government listing.

THE CHART BELOW AND THESE INSTRUCTIONS DO NOT APPLY TO ORDERS FOR THE SUPPORT OF A SPOUSE, FORMER SPOUSE, OR CHILD.

The chart below shows **HOW MUCH TO WITHHOLD** when the federal minimum wage is \$5.15 per hour. If the **FEDERAL** minimum wage changes in the future, the levying officer will provide a chart showing the new withholding rates.

FEDERAL MINIMUM WAGE: \$5.15 per hour

PAY PERIOD	Daily	Weekly	Every Two Weeks	Twice a Month	Monthly
DISPOSABLE EARNINGS	\$0-\$154.50	\$0-\$154.50	\$0-\$309.00	\$0-\$334.75	\$0-\$669.50
WITHHOLD	None	None	None	None	None
DISPOSABLE EARNINGS	\$154.51-\$206.00	\$154.51-\$206.00	\$309.01-\$412.00	\$334.76-\$446.33	\$669.51-\$892.67
WITHHOLD	Amount above \$154.50	Amount above \$154.50	Amount above \$309.00	Amount above \$334.75	Amount above \$669.50
DISPOSABLE EARNINGS	\$206.01 or More	\$206.01 or More	\$412.01 or More	\$446.34 or More	\$ 892.68 or More
WITHHOLD	Maximum of 25% of Disposable Earnings				

COMPUTATION INSTRUCTIONS

State and federal law limits the amount of earnings can be withheld. The limitations are based on the employee's disposable earnings, which are different from gross pay or take-home pay.

To determine the **CORRECT AMOUNT OF EARNINGS TO BE WITHHELD** (if any), compute the employee's *disposable earnings*.

(A) Earnings include any money (whether called wages, salary, commissions, bonuses, or anything else) that is paid by an employer to an employee for personal services. Vacation or sick pay is subject to withholding as it is received by the employee. Tips are generally not included as earnings since they are not paid by the employer.

(B) *Disposable earnings* are the earnings left after subtracting the part of the earnings a state or federal law requires an employer to withhold. Generally these required deductions are (1) federal income tax, (2) federal social security, (3) state income tax, (4) state disability insurance, and (5) payments to public employee retirement systems. Disposable earnings will change when the required deductions change.

After the employee's *disposable earnings* are known, use the chart below to determine what amount should be withheld. In the column listed under the employee's pay period, find the employee's disposable earnings. The amount shown below that is the amount to be withheld. For example, if the employee is paid disposable earnings of \$500 twice a month (semi-monthly), the correct amount to withhold is 25 percent each payday, or \$125

The chart below is based on the minimum wage that was effective September 1, 1997. It will change if the minimum wage changes. Restrictions are based on the minimum wage effective at the time the earnings are payable.

Occasionally, the employee's earnings will also be subject to a *Wage and Earnings Assignment Order*, an order available from family law courts for child, spousal, or family support. The amount required to be withheld for that order should be deducted from the amount to be withheld for this order.

— IMPORTANT WARNINGS —

1. IT IS AGAINST THE LAW TO FIRE THE EMPLOYEE BECAUSE OF *EARNINGS WITHHOLDING ORDERS* FOR THE PAYMENT OF ONLY ONE INDEBTEDNESS. No matter how many orders you receive, so long as they all relate to a single indebtedness (no matter how many debts are represented in that judgment) the employee may not be fired.
2. IT IS ILLEGAL TO AVOID AN *EARNINGS WITHHOLDING ORDER* BY POSTPONING OR ADVANCING THE PAYMENT OF EARNINGS. The employee's pay period must not be changed to prevent the order from taking effect.
3. IT IS ILLEGAL NOT TO PAY AMOUNTS WITHHELD FOR THE *EARNINGS WITHHOLDING ORDER* TO THE LEVYING OFFICER. Your duty is to pay the money to the levying officer who will pay the money in accordance with the law that apply to this case.

IF YOU VIOLATE ANY OF THESE LAWS YOU MAYBE HELD LIABLE TO PAY CIVIL DAMAGES AND YOU MAY BE SUBJECT TO CRIMINAL PROSECUTION!

(Beginning April 1, 1991, and continuing indefinitely.)

EMPLOYEE INSTRUCTIONS

-NOTICE-

IMPORTANT LEGAL NOTICE TO EMPLOYEE ABOUT EARNINGS WITHHOLDING ORDERS (Wage Garnishment)

The **Earnings Withholding Order** requires your employer to pay part of your earnings to the sheriff or other levying officer. The levying officer will pay the money to a creditor who has a court judgment you. The against information below may help you protect the money you earn.

-NOTICIA-

NOTICIA LEGAL IMPORTANTE RESPECTO A LAS ORDENES DE RETENCION DE SUELDO

El **Orden de Retención de Sueldo** requiere que su empleador pague una parte de su sueldo a un oficial de retención. El oficial le pagará el dinero retenido a su acreedor que ha conseguido una decisión judicial en contra de Ud. Pida Ud. que un amigo o su abogado le lea este papel oficial. Esta información le podría ayudar a proteger su sueldo.

CAN YOU BE FIRED BECAUSE OF THIS?

NO. You cannot be fired unless your earnings have been withheld before for a different court judgment. If this is the first judgment for which your wages will be withheld and your employer fires you because of this, the California Labor Commissioner, listed in the phone book of larger cities, can help you get your job back.

HOW MUCH OF YOUR PAY WILL BE WITHHELD?

The reverse of the Earnings Withholding Order (abbreviated in this notice as EWO) that applies to you contains Employer Instructions. These explain how much of your earnings can be withheld. Generally, the amount is about 25% of your take home pay until the amount due has been withheld. The levying officer will notify the employee of an additional assessment charged for paying out money collected under this order and that amount will also be withheld.

If you have trouble figuring this out, ask your employer for help.

IS THERE ANYTHING YOU CAN DO?

YES. There are several possibilities.

1. See an attorney. If you do not know an attorney, check with the lawyer referral service or the legal aid office in your county (both are listed in the yellow pages under "Attorneys").
An attorney may be able to help you make an agreement with your creditor, or may be able to help you stop your earnings from being withheld. You may wish to consider bankruptcy or asking the bankruptcy court to help you pay your creditors. These possibilities may stop your wages from being withheld.
An attorney can help you decide what is best for you. Take your **EWO** to the attorney to help you get the best advice and the fastest help.
2. Try to work out an agreement yourself with your creditor. Call the creditor or the creditor's attorney, listed on the **EWO**. If you make an agreement, the withholding of your wages will stop or be changed to a smaller amount you agree on. (See item 4 on the reverse for another way to make an offer to your creditor.)
3. You can ask for an EXEMPTION. An exemption will protect more, or maybe even all of your earnings. You can get an exemption if you need your earnings to support yourself or your family, **but you cannot get an exemption if**
 - a. You use some of your earnings for luxuries and they aren't really necessary for support; **OR**
 - b. The money you owe is for food, clothing, medical care, or housing; **OR**
 - c. You owe the debt for past due child support or spousal support (alimony); **OR**
 - d. You owe the debt to a former employee for wages.

HOW DO YOU ASK FOR AN EXEMPTION?

(See the reverse of this form for instructions about claiming an exemption.)

HOW DO YOU ASK FOR AN EXEMPTION?

1. Call or write the levying officer for three (3) copies each of the forms called "Claim of Exemption" and "Financial Statement." These forms are free. The name and address of the levying officer are in the big box on the right at the top of the **EWO**.
2. Fill out both forms. On the forms are some sentences or words which have boxes in front of them. The box means the words which follow may not apply to your case. If the words do apply, put a check in the box.
Remember, it is **your** job to prove with the Financial Statement form that your earnings are needed for support. Write down the details about your needs.
3. For example, if your child has special medical expenses, tell which child, what illnesses, who the doctor is, how often the doctor must be visited, the cost per visit, and the costs of medicines. These details should be listed in item 6. If you need more space, put "See attachment 6" and attach a typed 8% by 11 sheet of paper on which you have explained your expenses in detail.
4. You can use the Claim of Exemption form to make an offer to the

judgment creditor to have a specified amount withheld each pay period. Complete item 3 on the form to indicate the amount you agree to have withheld **each pay day during the withholding period.** (Be sure it's less than the amount to be withheld otherwise.) If your creditor accepts your offer, he will not oppose your claim of exemption. (See (1) below.)

5. Sign the Claim of Exemption and Financial Statement forms. Be sure the Claim of Exemption form shows the address where you receive mail.
6. Mail or deliver two (2) copies of each of the two forms to the levying officer. Keep one copy for yourself in case a court hearing is necessary.

Do not use the Claim of Exemption and Financial Statement forms to seek a modification of child support or alimony payments. These payments can be modified only by the family law court that ordered them.

FILE YOUR CLAIM OF EXEMPTION AS SOON AS POSSIBLE FOR THE MOST PROTECTION.

ONE OF TWO THINGS WILL HAPPEN NEXT

- (1) The judgment creditor will not oppose (object to) your claim of exemption. If this happens, after 10 days the levying officer will tell your employer to stop withholding or withhold less from your earnings. The part (or all) of your earnings needed for support will be paid to you or paid as you direct. And you will get back earnings the levying officer or your employer were holding when you asked for the exemption.

—OR—

- (2) The creditor will oppose (object to) your claim of exemption. If this happens, you will receive a Notice of Opposition and Notice of Hearing on Claim of Exemption, in which the creditor states why your exemption should not be allowed. A box in the middle of the Notice of Hearing tells you the time and place of the court hearing which will be in about ten days. Be sure to go to the hearing if you can.

If the judgment creditor has checked the box in item 3 on the Notice of Hearing on Claim of Exemption, the creditor will not be in court. If you are willing to have the court make its decision based on your Financial Statement and the creditor's Notice of Opposition, you need not go to the hearing.

The Notice of Opposition to Claim of Exemption will tell you why the creditor thinks your claim should not be allowed. If you go to the hearing, take any bills, paycheck stubs, cancelled checks, or other evidence (including witnesses) that will help

you prove your Claim of Exemption and Financial Statement are correct and your earnings are needed to support yourself or your family.

Perhaps you can even prove the Notice of Opposition is wrong. For example, perhaps the Notice of Opposition states that the judgment was for a common necessary of life. This term is generally taken by courts to mean only the essentials that everyone needs to live; sometimes a court will have to decide the matter. For example, while coat may be a "common necessary, a fur coat may not be.

If the judge at the hearing agrees with you, your employer will be ordered to stop withholding your earnings or withhold less money. The judge can even order that the **EWO** end before the hearing (so you would get some earnings back).

If the judge does not agree with you, the withholding will continue unless you **appeal** to a higher court. The rules for appeals are complex so you should see an attorney if you want to appeal.

If you have one court hearing, you should not file another Claim of Exemption about the same **EWO** unless your finances have gotten worse in an important way.

If your **EWO** is to be changed or ended, the levying officer must sign the notice to your employer of the change. He may give you permission to deliver it to the employer, or it can be mailed.

WHAT HAPPENS TO YOUR EARNINGS IF YOU FILE A CLAIM OF EXEMPTION?

Your employer must continue to hold back part of your earnings for the **EWO** until he receives a notice signed by the levying officer to change the order or end it early.

The levying officer will keep your withheld earnings until your Claim of Exemption is denied or takes effect. At that time your earnings will be paid according to the law that applies to your case.

REGARDING CHILD SUPPORT

If you are obligated to make child support payments, the family support division of your district attorney's office may help you to have an Order Assigning Salary or Wages entered. This order has the top priority claim on your earnings. When it is in effect, little or no money may be

available to be withheld for an **EWO**. And, if the district attorney is involved in collecting this support from you, he may agree to accept less money if this special order is entered.

WHAT IF YOU STILL HAVE QUESTIONS?

If you cannot see an attorney, or don't want to see an attorney, you might be able to answer some of your questions by reading the law in a law library. Ask the law librarian to help you find sections 706.050 and 706.105 of the California Code of Civil Procedure. Other sections of the code, beginning with section 706.010 may also answer some of your questions.

Also, the office of the Wage and Hour Division of the U.S. Department of Labor may be able to answer some of your questions. Offices are listed in the telephone directory under the U.S. Department of Labor in the U.S. Government listing.

**EMPLOYER'S INSTRUCTIONS
(EARNINGS WITHHOLDING ORDERS FOR SUPPORT)**

These instructions apply *only* to Earnings Withholding Orders for Support. Applicable instructions appear on the reverse of the other types of Earnings Withholding Orders.

The instructions in paragraph 1 on the reverse of this form describe your early duties to provide information to your employee and the levying officer.

Your other duties are TO WITHHOLD THE CORRECT AMOUNT OF EARNINGS (if any) and PAY IT TO THE LEVYING OFFICER during the *withholding period*.

The usual *withholding period* begins ten (10) calendar days after you receive the Earnings Withholding Order. In the case of an Earnings Withholding Order for Support (this order) the *withholding period continues* until one of two things happens: (1) the total amount specified in the Order, plus any amounts listed in a notice from the levying officer, has been withheld, or (2) you receive a court order or notice signed by the levying officer specifying a termination date.

You are entitled to rely on and should obey all written notices signed by the levying officer.

The form Employer's Return describes several situations that could affect the withholding period for this order. If you receive more than one Earnings Withholding Order during a withholding period, review that form (Employer's Return) for instructions.

Your duty to withhold does not end merely because the employee no longer works for you. Withholding for an Earnings Withholding Order for Support does not automatically terminate until one year after the employment of the employee by the employer ends.

WHAT TO DO WITH THE MONEY

The amounts withheld during the withholding period must be paid to the levying officer by the 15th of the next month after each payday. If you wish to pay more frequently than monthly, each payment must be made within ten (10) days after the close of the pay period.

Be sure to mark each check with the case number, the levying officer's file number, if different, and the employee's name so the money will be applied to the correct account

WHAT IF YOU STILL HAVE QUESTIONS?

The garnishment law is contained in the Code of Civil Procedure beginning with section 706.010. Sections 706.022, 706.025, and 706.104 explain the employer's duties.

The Federal Wage Garnishment Law and federal rules provide the basic protections on which the California law is based.

Inquiries about the federal law will be answered by mail, telephone or personal interview at any office of the Wage and Hour Division of the U.S. Department of Labor. Offices are listed in the telephone directory under the U.S. Department of Labor in the U.S. Government listing.

COMPUTATION INSTRUCTIONS

State and federal law limits the amount of earnings that can be withheld. The limitations are based on the employee's disposable earnings, which are different from gross pay or take-home pay.

To determine the CORRECT AMOUNT OF EARNINGS TO BE WITHHELD (if any), compute the employee's *disposable* earnings.

(A) Earnings include any money, (whether called wages, salary, commissions, bonuses or anything else) that is paid by an employer to an employee for personal services. Vacation or sick pay is subject to withholding as it is received by the employee. Tips are generally not included as earning since they are not paid by the employer.

(B) *Disposable earnings* are the earnings left after subtracting the part of the earnings a state or federal law requires an employer to withhold. Generally these required deductions are (1) federal income tax, (2) federal social security, (3) state income tax, (4) state disability insurance, and (5) payments to public employees' retirement systems. Disposable earnings will change when the required deductions change.

After the employee's disposable earnings are known, WITHHOLD FIFTY (50) PERCENT of the *disposable earnings* for the Withholding Order for Support. For example, if the employee has monthly disposable earnings of \$1,432, the sum of \$ 716 would be withheld to pay to the levying officer on account of this order.

Occasionally, the employee's earnings will also be subject to a Wage and Earnings Assignment Order, an order available for child support or spousal support. The amount required to be withheld for that order should be deducted from the amount to be withheld for this order. For example, if the employee is subject to a Wage and Earnings Assignment Order and the employer is required to withhold \$300 per month to pay on that order, when the employer receives this Earnings Withholding Order for Support, the employer should deduct the \$300 for the Wage and Earnings Assignment Order from the \$ 716 and pay the balance to the levying officer each month for this order.

— IMPORTANT WARNINGS —

1. IT IS AGAINST THE LAW TO FIRE THE EMPLOYEE BECAUSE OF EARNINGS WITHHOLDING ORDERS FOR THE PAYMENT OF ONLY ONE INDEBTEDNESS. No matter how many orders you receive, so long as they all relate to judgment (no matter how many debts are represented in that judgment) the employee may not be fired.
2. IT IS ILLEGAL TO AVOID AN EARNINGS WITHHOLDING ORDER BY POSTPONING OR ADVANCING THE PAYMENT OF EARNINGS. The employee's pay period must not be changed to prevent the order from taking effect.
3. IT IS ILLEGAL NOT TO PAY AMOUNTS WITHHELD FOR THE EARNINGS WITHHOLDING ORDER TO THE LEVYING OFFICER. Your duty is to pay the money to the levying officer who will pay the money in accordance with the laws that apply to this case.

IF YOU VIOLATE ANY OF THESE LAWS, YOU MAY BE HELD LIABLE TO PAY CIVIL DAMAGES AND YOU MAY BE SUBJECT TO CRIMINAL PROSECUTION!

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, State Bar number, and Address):	TELEPHONE NO.:	LEVYING OFFICER (Name and Address):	
ATTORNEY FOR (Name):			
NAME OF COURT, JUDICIAL DISTRICT OR BRANCH COURT, IF ANY:			
PLAINTIFF:			
DEFENDANT:			
EMPLOYER'S RETURN (Wage Garnishment)		LEVYING OFFICER FILE NO.:	COURT CASE NO.:

EMPLOYER: You must complete both copies of this form and mail them to the levying officer within 15 days. Please correct any errors in the mailing information above and provide any missing information, including the name of the person to whom notices should be directed.

FAILURE TO COMPLETE AND RETURN THESE FORMS MAY SUBJECT YOU TO PAYMENT OF ATTORNEY FEES AND OTHER CIVIL PENALTIES.

<p style="text-align: center;"><i>Name and address of employer</i></p> <div style="border: 1px solid black; height: 40px; width: 100%;"></div>	<p style="text-align: center;"><i>Name and address of employee</i></p> <div style="border: 1px solid black; height: 40px; width: 100%;"></div>
<p>Attn:</p> <p style="text-align: center;"><i>(Insert name above)</i></p>	<p style="text-align: center;">Social Security Number (if known):</p>

1. I received the Earnings Withholding Order on (date):
2. The employee is
 - a. not employed by this employer (if not employed, omit items 2b through 6 and proceed to item 7 on reverse).
 - b. now employed by this employer and in the last pay period had gross earnings of \$:
3. The employee's pay period is

a. <input type="checkbox"/> daily	b. <input type="checkbox"/> weekly	c. <input type="checkbox"/> every two weeks
d. <input type="checkbox"/> twice a month	e. <input type="checkbox"/> monthly	f. <input type="checkbox"/> other (specify):

(IF YOU HAVE RECEIVED NO OTHER ORDERS THAT PRESENTLY AFFECT THIS EMPLOYEE'S EARNINGS, OMIT ITEMS 4, 5 AND 6, AND PROCEED TO ITEM 7 ON REVERSE.)

(Continued on reverse)

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, State Bar number, and address): ATTORNEY FOR (Name): NAME OF COURT, JUDICIAL DISTRICT OR BRANCH COURT, IF ANY: PLAINTIFF: DEFENDANT:	TELEPHONE NO.:	LEVYING OFFICER (Name and Address) LEVYING OFFICER FILE NO: COURT CASE NO.:
CLAIM OF EXEMPTION (Wage Garnishment)		

- READ THE EMPLOYEE INSTRUCTIONS BEFORE COMPLETING THIS FORM-

Copy all the information required above (except the top left space) from the Earnings Withholding Order. The top left space is for your name or your attorney's name and address. The original and one copy of this form with the Financial Statement attached must be filled with the levying officer. DO NOT FILE WITH THE COURT.

1. I need the following earnings to support myself or my family (check a or b):
 - a. All earnings.
 - b. \$ _____ each pay period.

2. Please send all papers to
 - me.
 - my attorney
 at the address shown above following (specify):

3. I am willing for the following amount to be withheld from my earnings each pay period during the withholding period. I understand that the judgment creditor can accept this offer by not opposing the Claim of Exemption, which will result in the following sum being withheld each pay period (check a or b):
 - a. None
 - b. Withhold \$ _____ each pay period.

4. I am paid

<input type="checkbox"/> daily	<input type="checkbox"/> every two weeks	<input type="checkbox"/> monthly
<input type="checkbox"/> weekly	<input type="checkbox"/> twice a month	<input type="checkbox"/> other (specify):

NOTE: You must attach a properly completed Financial Statement form to this Claim of Exemption.

The Financial Statement form is available without charge from the levying officer.

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 DECLARANT)

SHORT TITLE:	LEVYING OFFICER FILE NO.	COURT CASE NO.
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FINANCIAL STATEMENT

(Wage Garnishment—Enforcement of Judgment)

NOTE: If you are married, this form must be signed by your spouse unless you and your spouse are living separate and apart. If this form is not signed by your spouse, check the applicable box on the reverse in item 9.

1. The following persons other than myself depend, in whole or in part, on me or my spouse for support:

	NAME	AGE	RELATIONSHIP TO ME	MONTHLY TAKE-HOME INCOME & SOURCE
a.			Spouse	
b.				
c.				
d.				
e.				

2. My monthly income

a. My gross monthly pay is:..... 2a. \$ _____

b. My payroll deductions are (specify **purpose** and amount):

- (1) Federal and state withholding, FICA, and SDI. \$ _____
- (2) _____ \$ _____
- (3) _____ \$ _____
- (4) _____ \$ _____

My TOTAL payroll deduction amount is (add (1) through (4)): b. \$ _____

c. My monthly take-home pay is (a minus b): c. \$ _____

d. Other money I get each month from (specify source):
 _____ is d. \$ _____

e. **TOTAL MONTHLY INCOME** (c plus d) e. \$ _____

3. I, my spouse, and my other dependents own the following property:

a. Cash 3a. \$ _____

b. Checking, savings, and credit union accounts (list banks):

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

b. \$ _____

c. Cars, other vehicles, and boat equity (list make, year of each):

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

c. \$ _____

d. Real estate equity d. \$ _____

e. Other personal property (jewelry, furniture, furs, stocks, bonds, etc.) (list separately):

e. \$ _____

SHORT TITLE:	LEVYING OFFICER FILE NO.	COURT CASE NO.
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4. The monthly expenses for me, my spouse, and my other dependents

- | | | |
|---|---------|--|
| a. Rent or house payment and maintenance | 4 a. \$ | |
| b. Food and household supplies | b. \$ | |
| c. Utilities and telephone | c. \$ | |
| d. Clothing | d. \$ | |
| e. Medical and dental payments | e. \$ | |
| f. Insurance (life, health, accident, etc.) | f. \$ | |
| g. School, child care | g. \$ | |
| h. Child, spousal support (prior marriage) | h. \$ | |
| i. Transportation & auto expenses (insurance, gas, repair) <i>(list car payments in item 5)</i> | i. \$ | |
| j. Installment payments <i>(insert total and itemize below in item 5)</i> | j. \$ | |
| k. Laundry and cleaning | k. \$ | |
| l. Entertainment | l. \$ | |
| m. Other <i>(specify)</i> : | | |
| | m. \$ | |

n. TOTAL MONTHLY EXPENSES <i>(add a through m):</i>	n. \$	
--	-------	--

5. I, my spouse, and my other dependents owe the following debts:

CREDITOR'S NAME	FOR	MO. PAYMENTS	BALANCE OWED	OWED BY <i>(State person's name)</i>
-----------------	-----	--------------	--------------	---

6. Other facts which support this Claim of Exemption (i.e., unusual medical needs, school tuition, expenses for recent family emergencies, or other unusual expenses to help your creditor and the judge understand your budget) *(describe): (If more space is needed, attach page labeled Attachment 6.)*

7. An earnings withholding order is now in effect with respect to my earnings or those of my spouse or dependents named in item 1 *(specify each person's name and monthly amount):*

8. A wage assignment for support is now in effect with respect to my earnings or those of my spouse or dependents named in item 1 *(specify each person's name and monthly amount):*

9. My spouse has signed below.
 I have no spouse.
 My spouse and I are living separate and apart.

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)

(TYPE OR PRINT NAME OF SPOUSE)

▶

(SIGNATURE)

▶

(SIGNATURE OF SPOUSE)

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, State Bar number, and address): TELEPHONE NO.: _____ FAX NO.: _____ ATTORNEY FOR (Name): _____	LEVYING OFFICER (Name and Address):
NAME OF COURT, JUDICIAL DISTRICT, AND BRANCH COURT, IF ANY:	
PLAINTIFF: DEFENDANT:	
NOTICE OF FILING OF CLAIM OF EXEMPTION (Wage Garnishment)	
TO THE JUDGMENT CREDITOR: _____ (Name and address)	LEVYING OFFICER FILE NUMBER: COURT CASE NUMBER:

1. This notice was mailed on

(date): _____ at (place): _____, California.

2. The judgment debtor (employee) has filed the attached *Claim of Exemption and Financial Statement*. The *Earnings Withholding Order* will be terminated or modified to reflect the amount of earnings claimed to be exempt by the debtor in the *Claim of Exemption* **unless you oppose the Claim of Exemption**. To oppose the *Claim of Exemption*, you must schedule a court hearing and follow the procedures described below.

Levying Officer, by

_____ (TYPE OR PRINT NAME) _____ (SIGNATURE)

— INSTRUCTIONS TO JUDGMENT CREDITOR —

3. You must complete all of the following steps within 10 days of the mailing date shown above in item 1:

HOW DO I OPPOSE THE CLAIM OF EXEMPTION?

- a. Obtain at least **five** copies each of the following printed forms:
 (1) *Notice of Opposition to Claim of Exemption* (form WG-009), and (2) *Notice of Hearing on Claim of Exemption* (form WG-010/EJ-175). These forms are available from the clerk of the court.
- b. Complete all five copies of both forms.
- c. Contact the clerk of the court about setting a hearing date, time, and place. You must file your *Notice of Hearing on Claim of Exemption* with the court within 10 days of the date shown in item 1. The date of the **hearing must be not more than 30 days after the date you file your paper with the court.**

PLAINTIFF:	LEVYING OFFICER FILE NO.:	COURT CASE NUMBER:
DEFENDANT:		

— INSTRUCTIONS TO JUDGMENT CREDITOR —

3. (Continued)

WHAT DO I FILE WITH THE LEVYING OFFICER?

d. Give the following documents to the LEVYING OFFICER whose name and address are on the front of this form:

- (1) The **original** *Notice of Opposition to Claim of Exemption* with **original** signature, and
- (2) A copy of the *Notice of Hearing on Claim of Exemption*.

The levying officer must receive the *Notice of Opposition to Claim of Exemption* within 10 days of the mailing date in item 1 on the front of this form, or the *Earnings Withholding Order* will be released or changed as requested in the *Claim of Exemption*.

WHAT DO I FILE WITH THE COURT?

e. File the **original** *Notice of Hearing on Claim of Exemption* with **original** signature with the COURT:

Make sure that the Proof of Service on the reverse has been completed as indicated in item 3g below and that the necessary signature on the Proof of Service is original.

The court must receive this document within 10 days of the mailing date shown in item 1 on the front of this form.

Before the hearing, the levying officer will file the original *Claim of Exemption* and the original *Notice of Opposition to Claim of Exemption* with the court.

WHAT DO I SERVE ON THE JUDGMENT DEBTOR?

f. Have one copy each of the

- (1) *Notice of Opposition to Claim of Exemption*, and
- (2) *Notice of Hearing on Claim of Exemption*

served on the judgment debtor (employee) or the debtor's attorney at the address shown in item 2 on the *Claim of Exemption*. They must be served at least 21 calendar days before the hearing if they are personally served. If they are sent by fax, express mail, or other method of overnight delivery, the required 21-day notice period shall be increased by 2 days. If they are served by mail from and to an address within California, they must be mailed at least 26 calendar days before the hearing. For more information on the time to serve the notices, you should see Code of Civil Procedure sections 706.105(e) and 1005.

Complete the Proof of Service as shown in item 3g below.

g. Service of the *Notice of Opposition to Claim of Exemption* and *Notice of Hearing on Claim of Exemption* must be made by first class mail or personal delivery. Service must be made by someone **not** a party to the action (not the judgment creditor). After the notices are served, the person making the service must complete and sign the appropriate Proof of Service on the reverse of the signed **original** *Notice of Hearing on Claim of Exemption*, which will be filed with the court.

4. Take a copy of each form and the *Claim of Exemption* with you to the court hearing.

If you will not attend the court hearing, check item 3 on the *Notice of Hearing on Claim of Exemption*.

ATTORNEY OR PARTY WITHOUT ATTORNEY (<i>Name, State Bar number, and address</i>): TELEPHONE NO.: ATTORNEY FOR (<i>Name</i>): NAME OF COURT, JUDICIAL DISTRICT OR BRANCH COURT, IF ANY:	FOR COURT USE ONLY
PLAINTIFF: DEFENDANT:	
NOTICE OF OPPOSITION TO CLAIM OF EXEMPTION (Wage Garnishment)	LEVYING OFFICER FILE NO.: COURT CASE NO.:

TO THE LEVYING OFFICER:

- | | |
|--|---|
| 1. Name and address of judgment creditor

_____ | 2. Name and address of employee

_____ |
|--|---|

Social Security Number (*if known*):

3. The Notice of Filing Claim of Exemption states it was mailed on
(*date*):
4. The earnings claimed as exempt are
- a. not exempt.
- b. partially exempt. The amount not exempt per month is
\$
5. The judgment creditor opposes the claim of exemption because
- a. the judgment was for the following common necessities of life (*specify*):
- b. the following expenses of the debtor are not necessary for the support of the debtor or the debtor's family (*specify*):
- c. other (*specify*):

6. The judgment creditor will accept \$ _____ per pay period for payment on account of this debt.

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date:

_____ <small>(TYPE OR PRINT NAME)</small>		_____ <small>(SIGNATURE OF DECLARANT)</small>
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ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, State Bar number, and address): _____ ATTORNEY FOR (Name): _____	TELEPHONE NO.: _____	FOR COURT USE ONLY	
NAME OF COURT, JUDICIAL DISTRICT OR BRANCH COURT, IF ANY _____			
PLAINTIFF: DEFENDANT:			
NOTICE OF HEARING ON CLAIM OF EXEMPTION (Wage Garnishment—Enforcement of Judgment)		LEVYING OFFICER FILE NO.:	COURT CASE NO.:

1. TO:

Name and address of levying officer _____ _____ <input type="checkbox"/> Claimant, if other than judgment debtor (name and address): _____ _____	_____ _____ _____ _____	Name and address of judgment debtor _____ _____ <input type="checkbox"/> Judgment debtor's attorney (name and address): _____ _____	_____ _____ _____ _____
--	--	---	--

2. A hearing to determine the claim of exemption of
 judgment debtor
 other claimant
 will be held as follows:

a. date:	time:	<input type="checkbox"/> dept.:	<input type="checkbox"/> div.:	<input type="checkbox"/> rm.:
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b. address of court:

3. The judgment creditor will not appear at the hearing and submits the issue on the papers filed with the court.

Date:

.....
 (TYPE OR PRINT NAME) ▶ _____
 (SIGNATURE OF JUDGMENT CREDITOR OR ATTORNEY)

If you do not attend the hearing, the court may determine your claim based on the Claim of Exemption, Financial Statement (when one is required), Notice of Opposition to Claim of Exemption, and other evidence that may be presented.

SHORT TITLE:	LEVYING OFFICER FILE NO.	COURT CASE NO.
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PROOF OF SERVICE BY MAIL

I am over the age of 18 and not a party to this cause. I am a resident of or employed in the county where the mailing occurred. My residence or business address is (*specify*):

I served the attached Notice of Hearing on Claim of Exemption and the attached Notice of Opposition to Claim of Exemption by enclosing true copies in a sealed envelope addressed to each person whose name and address is given below and depositing the envelope in the United States mail with the postage fully prepaid.

- (1) Date of deposit:
- (2) Place of deposit (*city and state*):

NAME AND ADDRESS OF EACH PERSON TO WHOM NOTICE WAS MAILED

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 DECLARANT)

PROOF OF SERVICE—PERSONAL DELIVERY

I am over the age of 18 and not a party to this cause. My residence or business address is (*specify*):

I served the attached Notice of Hearing on Claim of Exemption and the attached Notice of Opposition to Claim of Exemption by personally delivering copies to the person served as shown below.

PERSONS SERVED

Name	Delivery At		
	Date:	Time:	Address:

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 DECLARANT)

ATTORNEY OR PARTY WITHOUT ATTORNEY (<i>Name, State Bar number, and address</i>): ATTORNEY FOR (<i>Name</i>): NAME OF COURT, JUDICIAL DISTRICT OR BRANCH COURT, IF ANY:	TELEPHONE NO:	FOR COURT USE ONLY	
PLAINTIFF: DEFENDANT:			
ORDER DETERMINING CLAIM OF EXEMPTION (Wage Garnishment)		LEVYING OFFICER FILE NO:	COURT CASE NO.:

1. The application of (*name*):
 for an order determining the Claim of Exemption of (*name*):
 was heard on (*date*):

(Check boxes to indicate personal presence)

- | | |
|---|--|
| <input type="checkbox"/> Judgment Creditor (<i>name</i>): | <input type="checkbox"/> Attorney (<i>name</i>): |
| <input type="checkbox"/> Judgment Debtor (<i>name</i>): | <input type="checkbox"/> Attorney (<i>name</i>): |

2. The court considered the evidence in support of and in opposition to the Claim of Exemption.

3. IT IS ORDERED

- a. The judgment debtor's Claim of Exemption is denied.
- b. The judgment debtor's Claim of Exemption is granted.
- c. The levying officer is directed to release any earnings held to the **judgment debtor**.
- d. The levying officer is directed to release any earnings held to the **judgment creditor** for payment on the judgment.
- e. Other orders (*specify*):

f. The clerk shall transmit a certified copy of this order to the levying officer. The levying officer shall notify the employer of any change in the Earnings Withholding Order and release any retained sums as provided in this order.

Date: ▶ _____
(SIGNATURE OF JUDGE)

[SEAL]

CLERK'S CERTIFICATION

I certify that the foregoing is a true and correct copy of the original on file in my office.

Date: _____ Clerk, by _____, Deputy

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, State Bar number, and address):	TELEPHONE NO.:-	LEVYING OFFICER (Name and Address)	
ATTORNEY FOR (Name):			
NAME OF COURT, JUDICIAL DISTRICT, OR BRANCH COURT, IF ANY:			
PLAINTIFF:			
DEFENDANT:			
NOTICE OF TERMINATION OR MODIFICATION OF EARNINGS WITHHOLDING ORDER		LEVYING OFFICER FILE NO.:	COURT CASE NO.:

1. **TO EMPLOYER: You are given notice that the Earnings Withholding Order is modified as follows:**

Name and address of employer Name and address of employee

Attn: _____ Social Security Number (if known): _____

(Insert name above)

2. THE EARNINGS WITHHOLDING ORDER IS
- a. terminated for all earnings payable on or after (date):
 - b. modified for all earnings payable on or after (date): as follows:
 - (1) The sum to be withheld is (specify amount/weekly, monthly, etc.):
\$
The amount withheld must not exceed the maximum permitted by law, as explained in the Employer's instructions.
 - (2) The sum necessary for the support of the judgment debtor and family is (specify amount/weekly, monthly, etc.):
\$
All disposable earnings exceeding that amount are to be withheld, but the amount withheld must not exceed the maximum permitted by law, as explained in the Employees Instructions.
 - c. Other orders (specify):

3. Withheld earnings presently in your possession should be paid in accordance with the terms of this notice.

Date: _____

Levyng Officer, by _____ (TYPE OR PRINT NAME)  _____ (SIGNATURE)

CREDITOR'S INSTRUCTION TO TERMINATE OR MODIFY EARNINGS WITHHOLDING ORDER

To the levyng officer: You are directed to terminate or modify the Earnings Withholding Order as indicated above.

Date: _____

_____ (TYPE OR PRINT NAME)  _____ (SIGNATURE)

ATTORNEY (Name, State Bar number, and address): _____ TELEPHONE NO.: _____ FAX NO.: _____ ATTORNEY FOR STATE TAX AGENCY	FOR COURT USE ONLY CASE NUMBER: _____ TAX AGENCY NUMBER: _____
NAME OF COURT: STREET ADDRESS: MAILING ADDRESS: CITY AND ZIP CODE: BRANCH NAME:	
APPLICATION OF (Name): <p style="text-align: center;">TAXPAYER / RESONDENT</p>	
APPLICATION FOR EARNINGS WITHHOLDING ORDER FOR TAXES	
NAME OF STATE TAX AGENCY:	TAX AGENCY NUMBER:

THE STATE OF CALIFORNIA APPLIES FOR AN EARNINGS WITHHOLDING ORDER FOR TAXES

1. Employer (name and address): _____

2. Employee-taxpayer (name and address): _____

3. The amount of taxes, interest, and penalties owed is: \$ _____
4. The amount to be withheld each pay period is: \$ _____ This amount exceeds the sum that can be withheld administratively.
5. A Temporary Earnings Withholding Order for Taxes (form WG-024) was served on the employer on (date): _____
6. The reason for this application is (specify): _____

IMPORTANT NOTICE TO TAXPAYER/EMPLOYEE

A. The state tax agency named above has asked the court to order money withheld from your earnings to pay a tax liability. The amount due is shown in item 3.

B. The clerk of the court will send you a notice of the time and place of a court hearing. You have the right to appear at the hearing and ask for an exemption of up to seventy-five percent of your earnings.

C. A form called *Claim of Exemption and Financial Declaration (Wage Garnishment—State Tax Liability)* (form WG-026) is enclosed. To claim an exemption, complete that form. File it with the clerk of the court and mail a copy to the tax agency as soon as possible.

D. Keep a copy of the *Claim of Exemption* and take it with you to the court hearing.

E. If you wish to obtain the advice of an attorney, you should do so at once.

EMPLOYEE: KEEP THIS LEGAL PAPER **EMPLEADO: GUARDE ESTE PAPEL OFICIAL**

(Proof of service on reverse)

APPLICATION OF (Name):	CASE NUMBER:
TAXPAYER / RESONDENT	

PROOF OF SERVICE BY MAIL

1. I am over the age of 18 and not a party to this cause. I am a resident of or employed in the county where the mailing occurred.
2. My residence or business address is shown in the box labeled Attorney for State Tax Agency on the reverse.
3. I served the foregoing *Application for Earnings Withholding Order for Taxes* by enclosing a copy in an envelope addressed to the taxpayer as shown in item 2 on the reverse AND
 - a. **depositing** the sealed envelope with the United States Postal Service with the postage fully prepaid.
 - b. **placing** the envelope for collection and mailing on the date and at the place shown in item 4 below following our ordinary business practices. I am readily familiar with this business' 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.
4. a. Date of deposit: _____ b. Place of deposit (*city and state*): _____
5. I served a *Claim of Exemption and Financial Declaration (Wage Garnishment—State Tax Liability)* (form WG-026) along with the foregoing *Application*.

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 DECLARANT)

CONFIDENTIAL

APPLICATION OF (Name): TAXPAYER / RESPONDENT	CASE NUMBER:
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**CONFIDENTIAL STATEMENT OF TAXPAYER'S
SOCIAL SECURITY NUMBER**

Supplement to *Application for Earnings Withholding Order for Taxes* (Form WG-020)
(Do not attach to *Application*)

This separate *Confidential Statement of Taxpayer's Social Security Number* contains the social security number of the taxpayer-respondent in the case referenced above. This supplement should be kept separate from the *Application for Earnings Withholding Order for Taxes* filed in this case, and should not be a public record.

INFORMATION ON TAXPAYER-RESPONDENT:

1. Name:
2. Social Security Number:

<p>TO COURT CLERK THIS STATEMENT IS CONFIDENTIAL. DO NOT FILE THIS CONFIDENTIAL STATEMENT IN A PUBLIC COURT FILE.</p>

ATTORNEY (Name, State Bar number, and address): TELEPHONE NO.: _____ FAX NO.: _____ ATTORNEY FOR STATE TAX AGENCY: _____	FOR COURT USE ONLY
NAME OF COURT: STREET ADDRESS: MAILING ADDRESS: CITY AND ZIP CODE: BRANCH NAME:	
APPLICATION OF (Name): <p style="text-align: center;">TAXPAYER / RESPONDENT</p>	
EARNINGS WITHHOLDING ORDER FOR TAXES	CASE NUMBER:
NAME OF STATE TAX AGENCY:	TAX AGENCY NUMBER:

1. The State's *Application for Earnings Withholding Order for Taxes* came on for hearing on (date): _____ in Dept.: _____ Div.: _____ Room: _____ before (name of judicial officer): _____
2. a. Attorney for state tax agency present in court (name): _____
 b. Taxpayer present in court.
 c. Attorney for taxpayer present in court (name): _____
3. The court has considered the taxpayer's *Claim of Exemption and Financial Declaration* the evidence presented the parties' stipulation.
4. **THE COURT FINDS**
 - a. The taxpayer (employee) is entitled to a monthly exemption of: \$ _____
 - b. The taxpayer is employed by (name and address of employer): _____
 - c. \$ _____ has been withheld from the employee's earnings under a *Temporary Earnings Withholding Order for Taxes*.
5. **THE COURT ORDERS the employer to**
 - a. withhold and pay to the state tax agency: \$ _____ from the employee's disposable earnings each month.
 - b. pay to the employee any disposable earnings above that amount, not to exceed: \$ _____ per month.
 - c. WITHHOLD AND PAY TO THE STATE TAX AGENCY ANY DISPOSABLE EARNINGS ABOVE THOSE SET FORTH IN ITEMS 4a AND 4b.
 - d. begin withholding with the first pay period that ends on or after the 10th day after this order is served.
 - e. continue withholding until the tax liability has been satisfied unless an order with higher priority is received.
 - f. send all sums withheld to the state tax agency within 10 days after the last paycheck of each month.
 - g. other (specify): _____

Date: _____

JUDICIAL OFFICER

(Instructions to employer on reverse)

EARNINGS WITHHOLDING ORDER FOR TAXES
(Wage Garnishment-State Tax Liability)

APPLICATION OF (Name): <p style="text-align: center;">TAXPAYER / RESPONDENT</p>	CASE NUMBER:
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INSTRUCTIONS TO EMPLOYER

A. When remitting withheld sums to the state tax agency, include the employee's name and social security number, and the tax agency number.

B. PRIORITY OF EARNINGS WITHHOLDING ORDERS

- First** Order Assigning Salary or Wages
- Second:** Earnings Withholding Order for Support
- Third:** Earnings Withholding Order for Taxes
- Fourth:** Earnings Withholding Order

ATTORNEY (Name, State Bar number, and address): TELEPHONE NO.: _____ FAX NO.: _____ ATTORNEY FOR STATE TAX AGENCY	FOR COURT USE ONLY
NAME OF COURT: STREET ADDRESS: MAILING ADDRESS: CITY AND ZIP CODE: BRANCH NAME:	
APPLICATION OF (Name): <p style="text-align: right;">TAXPAYER/RESPONDENT</p>	
NOTICE OF HEARING—EARNINGS WITHHOLDING ORDER FOR TAXES	CASE NUMBER:
NAME OF STATE TAX AGENCY:	TAX AGENCY NUMBER:

1. NOTICE TO

a. Attorney for State Tax Agency (name and address):

b. Taxpayer (name and address):

2. A hearing on the Application for Earnings Withholding Order for Taxes will be held as follows:

a. Date:	Time:	<input type="checkbox"/> Dept.:	<input type="checkbox"/> Div.:	<input type="checkbox"/> Room:
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b. Address of court: same as noted above other (specify):

CLERK'S CERTIFICATE OF MAILING

I certify that I am not a party to this cause and that a true copy of the foregoing *Notice of Hearing* was mailed, postage fully prepaid, in a sealed envelope addressed as shown in item 1 above, and this certificate was executed on (date): at (place):

, California.

Clerk, by _____, Deputy

ATTORNEY (Name, state bar number, and address): TELEPHONE NO.: _____ FAX NO.: _____ ATTORNEY FOR STATE TAX AGENCY	
APPLICATION OF (Name): <p style="text-align: center;">TAXPAYER/RESPONDENT</p>	
TEMPORARY EARNINGS WITHHOLDING ORDER FOR TAXES	
NAME OF STATE TAX AGENCY:	TAX AGENCY NUMBER:

TO EMPLOYER

1. Employer (name and address): _____
2. Employee (name and address): _____
- _____

3. You are directed to withhold from the employee's earnings and retain in your possession or control all disposable earnings now due the employee or that become due within 15 days after this order is served on you, as follows:
- a. Employee's tax liability: \$ _____
 - b. Total to be withheld: \$ _____
4. This order expires 15 days after service on the employer, or upon order of the court, whichever occurs first, unless extended by court order.
5. DELIVER ONE COPY OF THIS ORDER TO THE EMPLOYEE IMMEDIATELY.

Date: _____

 (TYPE OR PRINT NAME AND TITLE) ▶ _____
 (SIGNATURE)

IMPORTANT NOTICE TO TAXPAYER/EMPLOYEE

A. Your employer is required to withhold from your earnings all sums necessary to meet the tax liability shown in item 3a and pay them to the tax agency shown above.

B. This *Temporary Earnings Withholding Order* will expire 15 days after service upon your employer, unless it is extended by the court.

C. The State will apply to the court for an *Earnings Withholding Order for Taxes* directing your employer to continue to withhold money from your earnings. You will receive additional information on how to file a *Claim of Exemption* and when and where to appear for a court hearing.

This form is served in duplicate on the employer.

EMPLOYER: DELIVER ONE COPY TO THE EMPLOYEE, AND COMPLETE THE EMPLOYER'S RETURN AND MAIL IT TO THE STATE TAX AGENCY NOTED ABOVE.

CONFIDENTIAL

APPLICATION OF (Name):	CASE NUMBER:
TAXPAYER/RESPONDENT	

**CONFIDENTIAL STATEMENT OF TAXPAYER'S
SOCIAL SECURITY NUMBER**

Supplement to *Temporary Earnings Withholding Order for Taxes* (Form WG-024)

(Do not attach to *Order*)

This separate *Confidential Statement of Taxpayer's Social Security Number* contains the social security number of the taxpayer-respondent in the case referenced above. This supplement should be kept separate from the *Temporary Earnings Withholding Order for Taxes* filed in this case, and should not be a public record.

INFORMATION ON TAXPAYER-RESPONDENT:

1. Name:
2. Social Security Number:

<p>TO COURT CLERK THIS STATEMENT IS CONFIDENTIAL. DO NOT FILE THIS CONFIDENTIAL STATEMENT IN A PUBLIC COURT FILE.</p>

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, State Bar number, and address): TELEPHONE NO: _____ FAX NO.: _____ ATTORNEY FOR STATE TAXPAYER/RESPONDENT: _____	FOR COURT USE ONLY
NAME OF COURT: STREET ADDRESS: MAILING ADDRESS: CITY AND ZIP CODE: BRANCH NAME:	
APPLICATION OF (Name): <div style="text-align: right;">TAXPAYER/RESPONDENT</div>	
CLAIM OF EXEMPTION AND FINANCIAL DECLARATION	
NAME OF STATE TAX AGENCY:	CASE NUMBER: TAX AGENCY NUMBER:

(Copy the information required above from the Application for Earnings Withholding Order for Taxes (form WG-020). The top left space is for your or your attorney's name and address.)

1. I need the following earnings to support myself or my family (check and complete item a or b):
 - a. All earnings.
 - b. \$ _____ each pay period.

2. Please send all papers to me my attorney at the address shown above following (specify):

3. In addition to the 25 percent minimum withholding, I am willing for the following amount to be withheld from my earnings during the withholding period:
 - a. None
 - b. Withhold: \$ _____ each pay period.

4.
 - a. I am paid daily weekly every two weeks twice a month monthly.
 - b. My gross pay is: \$ _____ per pay period.
 - c. My take-home pay is: \$ _____ per pay period.
 - d. My payroll deductions are (item and amount):

5. The following persons depend, in whole or in part, on me for support:

	<u>Name</u>	<u>Age</u>	<u>Relationship to me</u>	<u>Monthly income and its source</u>
a.			Myself	
b.				
c.				
d.				
e.				

6. The earnings of others listed in item 5 are now subject to wage assignments and Earnings Withholding Orders as follows (specify):

APPLICATION OF (Name):	CASE NUMBER
TAXPAYER/RESPONDENT	

7. My monthly expenses are as follows:

- | | |
|---|---|
| <ul style="list-style-type: none"> a. Rent or house payment and maintenance \$ b. Food and household supplies \$ c. Utilities and telephone \$ d. Clothing \$ e. Laundry and cleaning \$ f. Medical and dental payments \$ g. Insurance (life, health, accident, etc.) \$ h. School, child care \$ i. Child, spousal support (prior marriage) \$ | <ul style="list-style-type: none"> j. Entertainment and incidentals \$ k. Transportation and auto expenses (insurance, gas, repair) \$ l. Installment payments (insert total and list below in item 8) \$ m. Other (specify): \$ |
| TOTAL MONTHLY EXPENSES
(add a through m) \$ | |

8. List payments on installment and other debts. Continued on Attachment 8.

Creditor's name	For	Monthly payment	Balance

9. What do you own? (State value.)

- | | |
|--|--|
| <ul style="list-style-type: none"> a. Cash \$ b. Checking, savings and credit union accounts, etc. (list institutions): <ul style="list-style-type: none"> (1) _____ \$ (2) _____ \$ (3) _____ \$ (4) _____ \$ c. Cars, other vehicles, and boat equity (list make, year of each): <ul style="list-style-type: none"> (1) _____ \$ (2) _____ \$ (3) _____ \$ | <ul style="list-style-type: none"> d. Real estate equity (addresses): . . . \$ e. Other personal property (jewelry, furniture, furs, stocks and bonds, etc. List separately): <p style="text-align: right; margin-top: 20px;">Total for item e: . . . \$</p> |
|--|--|

10. An Order Assigning Salary and Wages (for support) is now in effect as to my earnings. The amount payable under that order is: \$ _____ monthly.

11. Other facts that support this Claim of Exemption are (describe unusual medical needs, school tuition, expenses for recent family emergencies, or other unusual expenses to help the judge understand your budget): Continued on Attachment 11.

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 TAXPAYER)

File this form with the clerk of the court and mail a copy to the tax agency as soon as possible. Keep a copy and take it with you to the court hearing. If you wish to obtain the advice of an attorney, you should do so at once.