

**PI/PD - ANSWER**

# **SAMPLE**

**Use the samples to help you complete  
the packet of blank forms.**



ATTORNEY OR PARTY WITHOUT ATTORNEY (NAME AND ADDRESS): TELEPHONE NO.:  
**Your Phone#**

FOR COURT USE ONLY

**Your Name**  
**Your Street Address**  
**Your City, State, Zip Code**  
ATTORNEY FOR (NAME): **IN PRO PER**

**SAMPLE ONLY**  
**Do not write on this copy!**

Insert name of court, judicial district or branch court, if any, and post office and street address:  
**Superior Court of California**  
**CIVIL DIVISION**  
**CHECK WITH STAFF**

PLAINTIFF:  
**Person/Company Who Is Suing You**

DEFENDANT:  
**Your Name**

**ANSWER-Personal Injury, Property Damage, Wrongful Death**

CASE NUMBER:  
**Your Case Number**

- COMPLAINT OF (name):** PERSON/COMPANY THAT IS SUING YOU
- CROSS-COMPLAINT OF (name):**

PUT THE # OF PAGES ATTACHED HERE. DO NOT INCLUDE THE PROOF OF SERVICE.

1. This pleading, including attachments and exhibits, consists of \_\_\_\_\_

**DEFENDANT OR CROSS-DEFENDANT (name):**  
**Your Name**

- 2.  Check box #2 if you deny every paragraph from the legal forms that were given to you and/or if the legal forms that were given to you were UNVERIFIED.
- 3. a.

Check box "a." if you can list SOME of the paragraph #s, from the legal forms that were given to you, that you KNOW ARE NOT TRUE.

b.  ADMITS each allegation of the following numbered paragraphs:

Check box "b." if you can list SOME of the paragraph #s, from the legal forms that were given to you, that ARE TRUE about this case.

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

Check box "c." if you can list SOME of the paragraph #s, from the legal forms that were given to you, that you deny because you ARE NOT SURE THEY ARE TRUE.

d.  DENIES, BECAUSE OF LACK OF SUFFICIENT INFORMATION OR BELIEF TO ANSWER, each allegation

Check box "d." if you can list SOME of the paragraph #s, from the legal forms that were given to you, that you need to see more evidence because you ARE NOT SURE THEY ARE TRUE.

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

Check box "e." if you can list SOME of the paragraph #s, from the legal forms that were given to you, that ARE TRUE BUT YOU DENY ALL OTHER paragraph #s.

SHORT TITLE:

**Person/Company 's Name vs. Your Name**

CASE NUMBER:

**Your Case Number**

**ANSWER-Personal Injury, Property Damage, Wrongful Death**

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

Check box "f." if you can list SOME of the paragraph #s, from the legal forms that were given to you, that ARE NOT TRUE but admit all the other paragraph #'s are true.

g.  Other (specify):

Check box "g." if you want to write something here about your case.

**AFFIRMATIVELY ALLEGES AS A DEFENSE**

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

Talk to Staff about "4."

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

Check box "5." if this lawsuit is past its legal time to be brought to court.  
Ask STAFF to help you or see a private attorney to calculate the legal time.

6.  Other (specify):

Check box "6." if you have any other legal defenses to this lawsuit

**7. DEFENDANT OR CROSS-DEFENDANT PRAYS**

For costs of suit and that plaintiff or cross-complainant take nothing.

Other (specify):

**Print Your Name** \_\_\_\_\_  
(Type or print name)

**Sign Your Name** \_\_\_\_\_  
(Signature of party or attorney)

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, State Bar number, and address):  YOUR NAME YOUR ADDRESS  TELEPHONE NO.: _____ FAX NO. (Optional): _____ E-MAIL ADDRESS (Optional): _____ ATTORNEY FOR (Name): <b>SELF - REPRESENTED</b>	SAMPLE ONLY Do not write on this copy!
<b>SUPERIOR COURT OF CALIFORNIA, COUNTY OF</b> Santa Clara STREET ADDRESS: CHECK WITH STAFF MAILING ADDRESS: CITY AND ZIP CODE: BRANCH NAME: <b>CIVIL</b>	
PETITIONER/PLAINTIFF: Name of person who started the case  RESPONDENT/DEFENDANT: Your name (and other Defendants, if any)	
<b>PROOF OF SERVICE BY FIRST-CLASS MAIL - CIVIL</b>	CASE NUMBER: <b>YOUR CASE NUMBER</b>

*(Do not use this Proof of Service to show service of a Summons and Complaint.)*

1. I am over 18 years of age and **not a party to this action**. I am a resident of or employed in the county where the mailing took place.
2. My residence or business address is:  
Server's Address
3. On (date): Date Answer mailed \_\_\_\_\_ I mailed from (city and state): City & State Answer mailed from the following **documents** (specify):  
Answer - Personal Injury, Property Damage, Wrongful Death

The documents are listed in the *Attachment to Proof of Service by First-Class Mail - Civil (Documents Served)* (form POS-030(D)).

4. I served the documents by enclosing them in an envelope and (check one):
  - a.  **depositing** the sealed envelope with the United States Postal Service with the postage fully prepaid.
  - b.  **placing** the envelope for collection and mailing following our ordinary business practices. I am readily familiar with this business's practice for collecting and processing correspondence for mailing. On the same day that correspondence is placed for collection and mailing, it is deposited in the ordinary course of business with the United States Postal Service in a sealed envelope with postage fully prepaid.

5. The envelope was addressed and mailed as follows:
  - a. **Name** of person served: Plaintiff's Name
  - b. **Address** of person served:  
Plaintiff's Attorney's Name  
Plaintiff's Attorney's Address

(If Plaintiff dosen't have an attorney, put Plaintiff's Address here)

The name and address of each person to whom I mailed the documents is listed in the *Attachment to Proof of Service by First-Class Mail-Civil (Persons Served)* (POS-030(P)).

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

Date: Server dates here

Server prints their name here \_\_\_\_\_  
(TYPE OR PRINT NAME OF PERSON COMPLETING THIS FORM)

Server signs their name here \_\_\_\_\_  
(SIGNATURE OF PERSON COMPLETING THIS FORM)

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

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

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

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

A person over 18 years of age must serve the documents. There are two main ways to serve documents: (1) by personal delivery and (2) by mail. Certain documents must be personally served. You must determine whether personal service is required for a document. Use the *Proof of Personal Service - Civil* (form POS-020) if the documents were personally served.

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

### INSTRUCTIONS FOR THE PERSON WHO SERVED THE DOCUMENTS

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

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

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

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

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

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

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

*Complete items 1-5 as follows:*

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

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