

**ANSWER - VERIFIED**

# **SAMPLE**

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



ATTORNEY OR PARTY WITHOUT ATTORNEY (NAME AND ADDRESS): Your Name Your Street Address Your City, State, and Zip ATTORNEY FOR (NAME): In Pro Per		TELEPHONE: Your Phone #	FOR COURT USE ONLY:
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			
<input checked="" type="checkbox"/> <b>ANSWER - Contract</b> <input checked="" type="checkbox"/> <b>TO COMPLAINT OF (name):</b> Person/Company who is Suing You <input type="checkbox"/> <b>TO CROSS-COMPLAINT (name):</b>		CASE NUMBER: Your Case Number	

1. This pleading, including attachments and exhibits, consists of \_\_\_\_\_
2. DEFENDANT (name): Your Name

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

answers the complaint or cross-complaint as follows:

3. Check ONLY
  - a.  Defer to the plaintiff's version of the facts.
  - b.  Defer to the defendant's version of the facts.

Check box "b" because your case does not allow you to choose "a".

Write the number of the paragraph(s) here, from the papers that were given to you, that you believe are NOT TRUE.  
(ex. 3.b. or BC-1)

- 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):

Write the number of the paragraph(s) here, from the papers that were given to you, that you are NOT SURE are true.  
(ex. 3.b. or BC-1)

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:

Person Suing You vs. Your Name

CASE NUMBER:

Your Case Number

**ANSWER-Contract**

4.  AFFIRMATIVE DEFENSES

Defendant alleges the following additional reasons that plaintiff is not entitled to recover anything:

See the attached defenses. If you see any that apply to your case, check "4.", the box "Continued on Attachment 4." (below) and check the box(es) on the Attachment that apply to your case.

Continued on Attachment 4.

5.  Other:

If you would like to explain your side of the case, check box "5." You can write it out here.

6. DEFENDANT PRAYS

- a. that plaintiff take nothing.
- b.  for costs of suit.
- c.  other (*specify*):

Print Your Name.....  
(Type or print name)

Sign Your Name.....  
(Signature of party or attorney)

VERIFICATION

STATE OF CALIFORNIA, COUNTY OF **SANTA CLARA**

I have read the foregoing **ANSWER - CONTRACT**

and know its contents.

**CHECK APPLICABLE PARAGRAPHS**

I am a party to this action. The matters stated in the foregoing document are true of my own knowledge except as to those matters which are stated on information and belief, and as to those matters I believe them to be true.

I am  an Officer  a partner  
 a \_\_\_\_\_ of \_\_\_\_\_

a party to this action, and am authorized to make this verification for and on its behalf, and I make this verification for that reason.

I am informed and believe and on that ground allege that the matters stated in the foregoing document are true.  The matters stated in the foregoing document are true of my own knowledge except as to those matters which are stated on information and belief, and as to those matters I believe them to be true.

I am one of the attorneys for a party to this action. Such party is absent from the county of aforesaid where such attorneys have their offices, and I make this verification for and on behalf of that party for that reason. I am informed and believe and on that ground allege that the matters stated in the foregoing document are true.

Executed on **TODAY'S DATE**, at **SAN JOSE**, California.

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

**SIGN YOUR NAME**

**PRINT YOUR NAME** .....

TYPE OR PRINT NAME

SIGNATURE

**PROOF OF SERVICE**

1013a (3) CCP Revised 5/1/88

STATE OF CALIFORNIA, COUNTY OF **SANTA CLARA**

I am employed in the county of **SANTA CLARA**, State of California.

I am over the age of 18 and not a party to the within action; my business address is:

**THE PERSON WHO MAILED IT - THEIR STREET ADDRESS,  
CITY, STATE, ZIP CODE**

On **DATE ANSWER MAILED**, I served the foregoing document described as **ANSWER - CONTRACT**

on **PLAINTIFF'S NAME** in this action

by placing the true copies thereof enclosed in sealed envelopes addressed as stated on the attached mailing list:

by placing  the original  a true copy thereof enclosed in sealed envelopes addressed as follows:

**PLAINTIFF'S NAME (OR THEIR ATTORNEY'S NAME AND  
PLAINTIFF'S ADDRESS ADDRESS IF THEY HAVE ONE)**

**BY MAIL**

\*I deposited such envelope in the mail at **CITY WHERE ANSWER WAS MAILED**, California.

The envelope was mailed with postage thereon fully prepaid.

As follows: I am "readily familiar" with the firm's practice of collection and processing correspondence for mailing. Under that practice it would be deposited with U.S. postal service on that same day with postage thereon fully prepaid at \_\_\_\_\_ California in the ordinary course of business. I am aware that on motion of the party served, service is presumed invalid if postal cancellation date or postage meter date is more than one day after date of deposit for mailing in affidavit.

Executed on **DATE SERVER SIGNED THIS FORM** at **CITY OF WHERE SERVER SIGNED**, California.

**\*\* (BY PERSONAL SERVICE)** I delivered such envelope by hand to the offices of the addressee.

Executed on \_\_\_\_\_ at \_\_\_\_\_, California.

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

(Federal) I declare that I am employed in the office of a member of the bar of this court at whose direction the service was made.

**YOUR SERVER WILL SIGN HERE**

**YOUR SERVER WILL PRINT NAME** .....

TYPE OR PRINT NAME

SIGNATURE

\*(BY MAIL SIGNATURE MUST BE OF PERSON DEPOSITING ENVELOPE IN MAIL SLOT, BOX, OR BAG)

\*\* (FOR PERSONAL SERVICE SIGNATURE MUST BE THAT OF MESSENGER)