Self-Help Services <a href="https://www.occourts.org/self-help">www.occourts.org/self-help</a>

## ANSWERING ANY CIVIL LIMITED COMPLAINT EXCEPT A VERIFIED COLLECTION COMPLAINT

SELF-HELP FORM PACKET



SHC-CIV-04 (Rev. 01/26/2024)

Self-Help Services can review your completed forms before you file them with the Court. To request review of your completed forms:

- 1. Complete the attached forms in black ink.
- 2. Scan your completed forms and save as a single PDF file.
- 3. Go to <u>www.occourts.org/self-help</u> (click the button labeled *Contact Self-Help*), attach the PDF, and complete the online request form. Make sure to select CIVIL as the case type on the form.

www.occourts.org/self-help

		. 25 000
ATTORNEY OR PARTY WITHOUT ATTORNEY	STATE BAR NUMBER:	FOR COURT USE ONLY
NAME:		
FIRM NAME:		
STREET ADDRESS:		
CITY:	STATE: ZIP CODE:	
TELEPHONE NO.:	FAX NO.:	
EMAIL ADDRESS:		
ATTORNEY FOR (name):		
SUPERIOR COURT OF CALIFORNIA, COUN STREET ADDRESS:	TY OF	
MAILING ADDRESS:		
CITY AND ZIP CODE:		
BRANCH NAME:		
PLAINTIFF/PETITIONER:		
DEFENDANT/RESPONDENT:		
DEI ENDANT/REGI GINDENT.		
GENERAL	DENIAL	CASE NUMBER:
involved is \$1,000 or less. You MAY use this form for a general der 1. The complaint is not verified; <i>or</i> 2. The complaint is verified and the c	nial if ase is a limited civil case (the amount in claim for more than \$1,000 that has beel	for in the complaint or the value of the property a controversy is \$35,000 or less), an assigned to a third party for collection.
generally denies each and every alleg	-	ses to plaintiff's complaint (attach additional
Date:		
(TYPE OR PRINT NAME)		(SIGNATURE OF DEFENDANT OR ATTORNEY)
called a cross-complaint or you may lose	e your right to bring the claim. (See Code	require you to state your claim in a special pleading e of Civil Procedure sections 426.10–426.40.)

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attorney and on each plaintiff not represented by an attorney. There are two main ways to serve this *General Denial*: by personal delivery or by mail. It may be served by anyone at least 18 years of age EXCEPT you or any other party to this legal action. Be sure that whoever serves the *General Denial* fills out and signs a proof of service. You may use the applicable Judicial Council form (such

Clear this form

as form POS-020, POS-030, or POS-040) for the proof of service.

		1 00-030
ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, State Bar na	umber, and address):	FOR COURT USE ONLY
TELEPHONE NO.:	FAX NO. (Optional):	
E-MAIL ADDRESS (Optional):		
ATTORNEY FOR (Name):		
SUPERIOR COURT OF CALIFORNIA, COUNTY O STREET ADDRESS:	F	
MAILING ADDRESS:		
CITY AND ZIP CODE:		
BRANCH NAME:		
PETITIONER/PLAINTIFF:		
RESPONDENT/DEFENDANT:		
PROOF OF SERVICE BY F	IRST-CLASS MAIL—CIVIL	CASE NUMBER:
(Do not use this Pro	of of Service to show service of a	a Summons and Complaint.)
I am over 18 years of age and <b>not a party</b> took place.	to this action. I am a resident of or	r employed in the county where the mailing
2. My residence or business address is:		
the following <b>documents</b> (specify):	ailed from (city and state):  chment 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. <b>depositing</b> the sealed envelope	with the United States Postal Service	ce with the postage fully prepaid.
business's practice for collecting	and processing correspondence for it is deposited in the ordinary cours	y business practices. I am readily familiar with this r mailing. On the same day that correspondence is se of business with the United States Postal Service in
5. The envelope was addressed and mailed a	as follows:	
a. Name of person served:		
b. Address of person served:		
The name and address of each persons S		s is listed in the <i>Attachment to Proof of Service</i>
I declare under penalty of perjury under the law	ws of the State of California that the	e foregoing is true and correct.
Date:		
	•	
(TYPE OR PRINT NAME OF PERSON COMPLETING TH	IS FORM)	(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 <a href="https://www.courtinfo.ca.gov/forms">www.courtinfo.ca.gov/forms</a>.

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

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

<u>Second box, left side</u>: 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.

<u>Second box, right side</u>: 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.