

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, name of judicial district, and branch court, if any:		
PLAINTIFF:		
DEFENDANT:		
<b>GENERAL DENIAL</b>		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 state your claim 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:
--	--------------

**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)