

ATTORNEY OR PARTY WITHOUT ATTORNEY: STATE BAR NO.: NAME: FIRM NAME: STREET ADDRESS: CITY: STATE: ZIP CODE: TELEPHONE NO.: FAX NO.: E-MAIL ADDRESS: ATTORNEY FOR (name):	FOR COURT USE ONLY
<b>SUPERIOR COURT OF CALIFORNIA, COUNTY OF</b> STREET ADDRESS: MAILING ADDRESS: CITY AND ZIP CODE: BRANCH NAME:	
PLAINTIFF: DEFENDANT:	
<b>ANSWER—DISABILITY ACCESS</b>	
CASE NUMBER:	

*This form may be filed with the court and served on the plaintiff as an answer to the complaint, or it may be used as an informal response to a demand letter or for settlement discussion purposes.*

1. Defendant(s) *(Each defendant for whom this answer is filed must be named and must sign this answer unless his or her attorney signs):*

answers the complaint as follows:

2. **Check ONLY ONE of the next three boxes, a, b, or c:**

- a. ☐ Defendant generally denies each statement of the complaint.
- b. ☐ Defendant denies that plaintiff has demonstrated that he or she was denied full and equal access to the place of public accommodation on a particular occasion. *(See Civ. Code, § 55.56.)*
- c. ☐ Defendant admits that all of the statements of the complaint are true EXCEPT:
- (1) Defendant claims the following statements of the complaint are false. *(State paragraph numbers from the complaint or explain below.)* ☐ Explanation is on Attachment 2c(1). *(You may use form MC-025 for this purpose.)*

- (2) Defendant has no information or belief that the following statements of the complaint are true, so defendant denies them. *(State paragraph numbers from the complaint or explain below.)*
- ☐ Explanation is on Attachment 2c(2). *(You may use form MC-025 for this purpose.)*

3. AFFIRMATIVE DEFENSES (**NOTE:** *For each box checked below, you must state brief facts to support it in item 4.*)

- a. ☐ Defendant is not liable because the facility is not open to the public.
- b. ☐ Defendant is not liable because defendant's landlord is responsible for ensuring that some or all of the property leased by the defendant, including the areas at issue in the complaint, are accessible to the public. *(Give the name and contact information of defendant's landlord in item 4.)*
- c. ☐ Other affirmative defenses. *(Specify and state facts in support in item 4.)*

PLAINTIFF: DEFENDANT:	CASE NUMBER:
--------------------------	--------------

4. FACTS SUPPORTING AFFIRMATIVE DEFENSES (**NOTE:** For each box checked in item 3, you must state brief facts to support the defense. Include letters a, b, c, and d from item 3 to make clear which affirmative defense(s) you are supporting.)

☐ Supporting facts are on Attachment 4. (You may use form MC-025 for this purpose.)

5. ☐ A request for an early evaluation conference and to meet in person with plaintiff at the subject premises has been filed or is being filed concurrently with this answer, on *Defendant's Application for Stay of Proceedings and Early Evaluation Conference, Joint Inspection* (form DAL-005).

6. ☐ Defendant qualifies for reduced damages. (See Civ. Code, § 55.56(f)(1) or (2).)

7. Number of pages attached: \_\_\_\_\_

(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.)

_____	▶	_____
(TYPE OR PRINT NAME)		(SIGNATURE OF DEFENDANT OR ATTORNEY)
_____	▶	_____
(TYPE OR PRINT NAME)		(SIGNATURE OF DEFENDANT OR ATTORNEY)

#### 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)