ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, State Bar number, and address):	FOR OCHER 110
Juliet M. Brodie (State Bar No. 24898) Michelle Lamy (Stud. Cert. No. 35105) Stanford Community Law Clinic/Mills Legal Clinic of Stanford Law School 2117 University Avenue, Suite A	FOR COURT USE ONLY
East Palo Alto, CA 94303  TELEPHONE NO.: (650) 725-9200 FAX NO.:  E-MAIL ADDRESS:	ENDORSED FILED SAN MATEO COUNTY
ATTORNEY FOR (Name):	
SUPERIOR COURT OF CALIFORNIA, COUNTY OF SAN MATEO STREET ADDRESS: 400 County Center MAILING ADDRESS:	FEB 1 9 2015
city and zip code: Redwood City, CA 94063  BRANCH NAME: Southern Branch	Clerk of the Superior Court  S. Peyrot  BEPUTY CLERK
Plaintiff: Equity Residential Management, LLC Defendant:	A. Come 180
ANSWER-UNLAWFUL DETAINER	CASE NUMBER:
	CTO S
<ul> <li>Check ONLY ONE of the next two boxes: <ul> <li>a. Defendant generally denies each statement of the complaint. (Do not check \$1,000.)</li> <li>b. X Defendant admits that all of the statements of the complaint are true EXCE (1) Defendant claims the following statements of the complaint are false or explain below or on form MC-025): Explanation is of 6, 7, 8, 10, 11</li> <li>(2) Defendant has no information or belief that the following statements of them (state paragraph numbers from the complaint or explain below of Explanation is on MC-025, titled as Attachment 2b(2).</li> <li>4, 5</li> </ul> </li> </ul>	PT: state paragraph numbers from the complaint MC-025, titled as Attachment 2b(1). the complaint are true, so defendant denies
AFFIRMATIVE DEFENSES (NOTE: For each box checked, you must state brief facts  a. x (nonpayment of rent only) Plaintiff has breached the warranty to provide ha  b. (nonpayment of rent only) Defendant made needed repairs and properly denot give proper credit.	pitable premises.
<ul> <li>a.  x (nonpayment of rent only) Plaintiff has breached the warranty to provide ha</li> <li>b. (nonpayment of rent only) Defendant made needed repairs and properly denot give proper credit.</li> </ul>	bitable premises. ducted the cost from the rent, and plaintiff did entice to pay or quit expired, defendant offered diate against defendant. arbitrarily discriminating against the California. entrol ordinance of (city or county, title of

Form Approved for Optional Use Judicial Council of California UD-105 [Rev. January 2, 2014]

	_	 •	•	•
CASE NUMBER:		 		
CLJ CLJ				
		 		1

3.	ΑF	FIRMATIVE DEFENSES (cont'd)
	k.	Facts supporting affirmative defenses checked above (identify facts for each item by its letter from page 1 below or on form
		MC-025):
		x Description of facts is on MC-025, titled as Attachment 3k.

4.	OTHER STATEMENTS  a. Defendant vacated the premises on (b. x The fair rental value of the premises a Explanation is on MC-025, titled due to defects in the premises and/or brownia.	alleged in the complaint is excessi d as Attachment 4b.	ve (explain below or on form MC-025): bility, as stated in Attachment 3k.
	c. X Other (specify below or on form MC-02 Other statements are on MC-02 Defendant seeks credit for the security of	25, titled as Attachment 4c.	g to proof.
	habitable premises and (2) reduce the e. X Other (specify below or on form MC-0.	epairs and correct the conditions e monthly rent to a reasonable ren 25): MC-025, titled as Attachment 5e.	that constitute a breach of the warranty to provide tal value until the conditions are corrected.
6. 1	Number of pages attached: 2		2400 0445)
7. (	UNLAWFUL DETAINER ASS Must be completed in all cases.) An unlawful d	SISTANT (Bus. & Prof. Code §§ $\theta$ letainer assistant $\ \mathbf{x}\ $ did not	did for compensation give advice or
	assistance with this form. (If defendant has recei		om an unlawful detainer assistant, state):
á	a. Assistant's name:	b. Telepho	one No.:
(	:. Street address, city, and zip code:		
C	l. County of registration:	e. Registration No.:	f. Expires on (date):
(Ead	ch defendant for whom this answer is filed must	, ~	Control of Control
Jul	iet M. Brodie/Michelle Lamy	P	What Muchelle In

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)

(TYPE OR PRINT NAME)



(SIGNATURE OF DEFENDANT OR ATTORNEY)

(SIGNATURE OF DEFENDANT OR ATTORNEY)

#### ATTACHMENT (Number): 3k

(This Attachment may be used with any Judicial Council form.)

### 3(a): Breach of the Warranty of Habitability

- 1. The following defects existed in period of nonpayment, and constitute a breach of the warranty to provide a habitable premises:
- (a) a preexisting pest infestation,
- (b) a leaking roof,
- (c) lack of hot/cold running water in the bathroom and kitchen,
- (d) lack of window screens, and
- (e) a defective electrical outlet.
- 2. Plaintiff had actual and/or constructive notice of these defects, but failed to make the needed repairs.
- 3. None of these defects were caused by any conduct of Defendant
- 4. In a letter dated February 9, 2015 and delivered with the February rent, Defendant explained that she was withholding a portion of the rent because of the breach of the warranty of habitability resulting from these defects.

#### 3(c): Tender

- 5. On February 9, 2015, Defendant endered the February rent, in the form of money orders.
- 6. This payment constituted complete tender of the February rent. (See supra paragraph 4 and infra paragraphs 12-15.)
- 7. Plaintiff refused to accept this tender.

#### 3(e) and 3(g): Retaliation

- 8. Defendant has repeatedly complained to Plaintiff about the defects recited above, which violate the implied warranty of habitability, and repeatedly requested that the necessary repairs be made.
- 9. Defendant that has otherwise asserted her rights as a tenant under California law, including the successful defense of an ex parte application for judgment against Defendant brought by Plaintiff in April 2014.
- 10. Plaintiff has, in response, expressed a desire to evict Defendant lating back to at least December 2014.
- 11. Plaintiff's filing of an unlawful detainer action against Defendant the property therefore constitutes retaliation in violation of both Section 17 of the East Palo Alto Rent Stabilization Ordinance and California common law.

(If the item that this Attachment concerns is made under penalty of perjury, all statements in this Attachment are made under penalty of perjury.)

Page 1 of 2 (Add pages as required)

Legal Solutions Q Plus

CLJ

#### ATTACHMENT (Number): 3k

(This Attachment may be used with any Judicial Council form.)

#### 3(j): Estoppel

- 12. In the past, Plaintiff has accepted tender from Defendance of a Three Day Notice.
- 13. Specifically, Plaintiff communicated to Defendant on multiple prior occasions that it was acceptable to tender payment on the Monday following service of a Three Day Notice, even if such tender would fall outside the three-day window.
- 14. Defendant lied to her detriment upon that prior conduct in tendering payment on Monday, February 9, 2015, more than three days after service of the Three Day Notice.
- 15. Plaintiff is therefore estopped from enforcing the three-day limitation on tender found in the Three Day Notice.

(If the item that this Attachment concerns is made under penalty of perjury, all statements in this Attachment are made under penalty of perjury.)

Page 2 of 2 (Add pages as required)

Legal Solutions Q Plus

1	The state of the s				
2	Michelle Lamy (Stud. Cert. No. 35105)  Stanford Community Law Clinic, 2117 University Ave., Suite ASAN MATEO COUNTY				
3	That Dela Alex CA				
	TEL: (650) 725-9200 FEB 1 9 2015				
4	FAX: (650) 326-4162				
5	Attorneys for Defendant(s)  Clerk of the Superior Court S. Peyrot  HERUTY BLERK				
6					
7					
8	SUPERIOR COURT OF CALIFORNIA				
9	COUNTY OF SAN MATEO				
10	LIMITED JURISDICTION				
11	) Case No.: CL				
12	) Unlawful Detainer Plaintiff, Equity Residential Management,				
13	LLC )				
14	VS. DEMAND FOR JURY TRIAL				
15	Defendants				
16	) )				
17					
18					
19	To the clerk of the above entitled court and to plaintiff:				
20	NOTICE IS HEREBY GIVEN that defendant are needed demands a jury trial and settlement				
21	conference in the above matter.				
22					
23	Dated: 2/19/15 Julen Kn/				
24	Juliet M. Brodie				
25	Junet W. Brodie				
26	Modelle Lang				
27	Michelle Lamy				
28					

## FW-001

## **Request to Waive Court Fees**

If you are getting public benefits, are a low-income person, or do not have enough income to pay for household's basic needs and your court fees, you may use this form to ask the court to waive all or part of your court fees. The court may order you to answer questions about your finances. If the court waives the fees, you may still have to pay later if:

- You cannot give the court proof of your eligibility,
- Your financial situation improves during this case, or
- You settle your civil case for \$10,000 or more. The trial court that waives

your fees will have a lien on any such settlen	SUPERIOR C				
waived fees and costs. The court may also ch		400 Councy	Center		
(1) Your Information (person asking the cou	Redwood Ci	ty, CA 94063			
Name: Name:			Southern Branch .		
Street or mailing address:			<i></i>	,	
City: East Palo Alto	State: CA Zip:	94303	Fill in case number	and name:	
Phone number:			Case Number:		
2) Your Job, if you have one (job title):		والقرويم	ું હ		
Name of employer:			Case Name:		
Employer's address:			P-LLC v		
3 Your Lawyer, if you have one (name, firm			and Ctat	2 D	
Juliet M. Brodie (State Bar No. 24898); Stanford					
2117 University Avenue, Suite A, Palo Alto, CA			ii Cinne of Staine	ord Law School	
a. The lawyer has agreed to advance all or a	······································	<del></del>	eck one): Yes	No x	
b. (If yes, your lawyer must sign here) Lawy					
If your lawyer is not providing legal-aid ty		on your low i	ncome, you ma	y have to go to a	
hearing to explain why you are asking the				O	
What court's fees or costs are you asl	king to be waive	d?			
x Superior Court (See Information Sheet of	n Waiver of Superi	or Court Fee	s and Costs (fo	rm FW-001-INFO).)	
Supreme Court, Court of Appeal, or App					
of Appellate Court Fees (form APP-015)	FW-015-INFO).)	-			
(5) Why are you asking the court to waive	your court fees	?			
a. x I receive (check all that apply): x M	ledi-Cal Food	Stamps []	SSI 🔲 SSP 🗌	County Relief/General	
Assistance IHSS (In-Home Suppor	rtive Services)	CalWORKS	or Tribal TAN	F (Tribal Temporary	
Assistance for Needy Families) C		-		,	
b. My gross monthly household income (			ess than the am	ount listed below. (If	
you check 5b, you must fill out 7, 8, ar		is jorm.)			
Family Size Family Income Family Si		Family Size	Family Income	If more than 6 people	
1 \$1,215.63 3	\$2,061.46	5	\$2,907.30	at home, add \$422.92 for each extra person.	
2 \$1,638.55 4	\$2,484.38	6	\$3,330.21	Jor each extra person.	
c. I do not have enough income to pay fo					
(check one): waive all court fees					
(Explain):		(If yoi	ı check 5c, you m	oust fill out page 2.)	
6 Check here if you asked the court to wait	ve your court fees f	or this case in	n the last six me	onths.	
(If your previous request is reasonably a					
I declare under penalty of perjury under the law		California th	at the informa	ition I have provided	
on this form and all attachments is true and cor Date: 2/19/15	rect.				

Sign here

CONFIDENTIAL Clerk stamps date here when form is filed.

FEB 1 9 2015

Clerk of the Superior Court

S. Peyrot

HEPUTY CLERK

Superior Court of California, County of

Fill in court name and street address:

Print your name here

~ -		
Your	name	

Case Number:	
CLJ	

If you checked 5a on page 1, do not fill out below. If you	ou checked 5b. fill out question	ns 7. 8. and 9 c	nlv If vou
checked 5c, you <b>must</b> fill out this entire page. If you n	· · · · · · · · · · · · · · · · · · ·		, ,
of paper and write Financial Information and your nam			on a onco
Check here if your income changes a lot from month to month	•		
Fill out below based on your average income for the past 12	a. Cash		6
months.	b. All financial accounts (List I	`	
8 Your Monthly Income	(1)		•
a. Gross monthly income (before deductions):	(2)		
List each payroll deduction and amount below:	(3)		
(1)\$	(4)		
(2)\$			
(3)\$	c. Cars, boats, and other vehi	cies Fair Market	How Much Yo
(4)\$	Make / Year	Value	Still Owe
b. Total deductions (add 8a (1)-(4) above): \$	(1)	\$\$	
c. Total monthly take-home pay (8a minus 8b): \$	(2)	\$\$	
d. List the source and amount of <u>any</u> other income you get each	(3)		
month, including: spousal/child support, retirement, social			
security, disability, unemployment, military basic allowance for quarters (BAQ), veterans payments, dividends, interest, trust	d. Real estate		How Much Yo
income, annuities, net business or rental income,	Address		Still Owe
reimbursement for job-related expenses, gambling or lottery	(1)(2)		
winnings, etc.	(3)		
(1)\$	(3)	<u> </u>	
(2)\$	e. Other personal property (jew	velry, furniture, furs,	
(3)\$	stocks, bonds, etc.):	Fair Market	How Much You
(4)\$	Describe		Still Owe
e. Your total monthly income is (8c plus 8d): \$	(1)		
<u> </u>	(2)	\$\$.	
9 Household Income	(3)	\$\$.	
✓ a. List all other persons living in your home and their income;	(11) Your Monthly Expenses		
include only your spouse and all individuals who depend in	(Do not include payroll deductions you	u already listed in 8b.)	
whole or in part on you for support, or on whom you depend in whole or in part for support.	a. Rent or house payment & ma	· · · · · · · · · · · · · · · · · · ·	
Gross Monthly	b. Food and household supplie		
Name Age Relationship Income	c. Utilities and telephone	· · · · · · · · · · · · · · · · · · ·	
(1)\$	d. Clothing	\$_	
(2)\$(3)\$	e. Laundry and cleaning     f. Medical and dental expenses	φ <u>.</u>	
(4)\$	g. Insurance (life, health, accide		
	h. School, child care		
b. Total monthly income of persons above: \$	i. Child, spousal support (anoth	ner marriage) \$	1
•	j. Transportation, gas, auto rep		
Total monthly income and	k. Installment payments (list ea		
household income (8e plus 9b): \$	Paid to:		
	(1)	<u> </u>	
To list any other facts you want the court to know, such	(2)		
s unusual medical expenses, family emergencies, etc.,	(3)		
ttach form MC-025. Or attach a sheet of paper, and	<ol> <li>Wages/earnings withheld by</li> </ol>		
vrite Financial Information and your name and case	m. Any other monthly expenses	(list each below). \$_	
umber at the top. Check here if you attach another page.	Paid to:		How Much?
mnortant/ If your financial situation or ability to nov	(1)	<u> </u>	
mportant! If your financial situation or ability to pay ourt fees improves, you must notify the court within	(2)	\$	
ve days on form FW-010.	(3)	\$	
TO GAYS ON TOTAL A TY-ULU.	Total monthly expenses (add 11a	-11m above): \$	

# FW-002

## Request to Waive Additional **Court Fees (Superior Court)**

CIOSARMONATERO CYDEU KATIVIS FILED. This form asks the court to waive additional court fees that are not covered in a current order. If you have not already received an order that waived or FEB 1 9 2015 reduced your court fees, you must complete and file a Request to Waive Court Fees (Superior Court), form FW-001, along with this form. Clerk of the Superior Court 1) Your Information (person asking the court to waive the fees): S. Peyrot Name: Street or mailing address. Fill in court name and street address: City: East Palo Alto State: CA Zip: 94303 Superior Court of California, County of Phone number: SAN MATEO SUPERIOR COURT 2) Your lawyer, if you have one (name, firm or affiliation, address, phone 400 County Center number, and State Bar number): Juliet M. Brodie (State Bar No. 24898) Redwood City, CA 94063 Stanford Community Law Clinic/Mills Legal Clinic of Stanford Law School Southern Branch 2117 University Avenue, Suite A, Palo Alto, CA 94303; (605) 725-9200 Fill in case number and case name: Case Number: a. The lawyer has agreed to advance all or a portion of your fees or costs CLJ ' (check one): Yes X No Case Name: EQR, LLC b. (If yes, your lawyer must sign here): Lawyer's signature: \_ If your lawyer is not providing legal-aid type services based on your low income, you may have to go to a hearing to explain why you are asking the court to waive the fees. Date your *last* court fee waiver order, if any, was granted: Has your financial situation improved since your last Request to Waive Court Fees? No Yes (If yes, you must fill out a new Request to Waive Court Fees, form FW-001, and attach it to this form.) What other fees do you want your court fee waiver order to cover? (Check all that apply): b. Court-appointed interpreter fees for a witness c. Fees for a peace officer to testify in court d. x Reporter's daily fees (beyond 60-days after grant of a fee waiver, at court-approved daily rate) e. Fees for court-appointed experts f. X Other (specify): per diem fees for the trial of this matter Why do you need these other services? (Explain): I would like to exercise my right to a jury trial, but cannot afford the related court fees. Notice: The court may order you to answer questions about your finances and later order you to pay back the waived fees. If this happens and you do not pay, the court can make you pay the fees and also charge you collection fees. If there is a change in your financial circumstances during this case that increases your ability to pay fees and costs, you must notify the trial court within five days. (Use form FW-010.) If you win your case, the trial court may order the other side to pay the fees. If you settle your civil case for \$10,000 or more, the trial court will have a lien on the settlement in the amount of the waived fees. The trial court may not dismiss the case until the lien is paid. I declare under penalty of perjury under the laws of the State of California that the information above is true and correct. Date: 2/19/15

Print your name here

Sign here

CONFIDENTIAL



FW-003 Order on Court Fee Waiver	Clerk stamps date here when form is filed.
(Superior Court)	
1 Person who asked the court to waive court fees:	ENDORSED FILED SAN MATEO COUNTY
Street or mailing address	FEB 1 9 2015
City: East Palo Alto  State: CA  Zip: 94303  2 Lawyer, if person in 1 has one (name, address, phone number,	Clerk of the Superior Court  S. Peyrot  BEPUTY STERK
e-mail, and State Bar number): Juliet M. Brodie (State Bar No. 24898)  Stanford Community Law Clinic/Mills Legal Clinic of Stanford Law School  2117 University Avenue, Suite A, Palo Alto, CA 94303  (650) 725-9200	Fill in court name and street address:  Superior Court of California, County of SAN MATEO
A request to waive court fees was filed on (date):FT3 1 9 2015	SUPERIOR COURT 400 County Center
The court made a previous fee waiver order in this case on (date):	Redwood City, CA 94063 Southern Branch Fill in case number and case name:
Donaldia Company of the Art of th	Case Number:
Read this form carefully. All checked boxes 🗹 are court orders.	Case Name: EQR,
After reviewing your (check one):	Request to Waive Additional Court Fees
<ul> <li>a. The court grants your request, as follows:</li> <li>(1) Fee Waiver. The court grants your request and waives your court fees Court, rule 3.55.) You do not have to pay the court fees for the follow</li> <li>Filing papers in Superior Court</li> <li>Making copies and certifying copies</li> <li>Sending</li> </ul>	ing: otice and certificates papers to another court department pointed interpreter in small claims court or at the court-approved daily rate)
	not have to pay for the checked items.  ee officer to testify in court  ed interpreter fees for a witness
(3) Fee Waiver for Appeal. The court grants your request and waives the appeal. (Cal. Rules of Court, rules 3.55, 3.56, 8.26, and 8.818.) You do Preparing and certifying clerk's transcript for appeal	fees and costs checked below, for your not have to pay for the checked items.

Your name:			CLJ	<u>}</u>
b The court denies	your request, as follows:			
	miss the deadline below, the cour original request. If the pape			
this order (se Pay your	nies your request because it be date below) to: fees and costs, or w revised request that include		•	-
(2) The court der	nies your request because the fee waiver you requested	ne information you provide (specify reasons):	ed on the request sho	ows that you are no
FW-006. You Pay your	s enclosed a blank <i>Request for</i> have <b>10 days</b> after the cler fees and costs, or	k gives notice of this orde	r (see date below) to	·:
• Ask for a	hearing in order to show the	e court more information.	(Use form FW-006	to request hearing.)
	e information to decide whe will be about (specify question)			
Bring the follo	owing proof to support your	request if reasonably ava	ilable:	
Hearing Date: _	Time:		dress of court if diff	
Dept.:_	Rm.:			
waive court fees, and	hecked, and you do not go to o you will have 10 days to pay yo led with your request. If the pa	our fees. If you miss that dea	dline, the court canno	process
Date:FEB <b>1 9 2</b>	015	JOHI	N C. FITTON	S. PEYROT
	Signature	of (check one): Jud	dicial Officer 📈	Clerk, Deputy
language interpreter	modations. Assistive lister services are available if your Accommodation, Form Manager Accommodation	u ask at least 5 days befor	re your hearing. Cor	
partify that I am not involved		ificate of Service	mailing is attached	
certify that I am not involved  I handed a copy of this of	•	•		n the date below.
This order was mailed fi	irst class, postage paid, to th	he party and attorney, if ar	ny, at the addresses	
Pate: FEB 1 9 2015		.i	OHN C. FITTON	S. PEYROT Deputy
Pate:		Clerk, by		, D

Case Number:

FW-003 Order on Court Fee Waiver	Clerk stamps date here when form is filed.
(Superior Court) Additional	
1) Person who asked the court to waive court fees:	B <b>1 9</b> 2015
Street or mailing address SUPE	RIOR COURT
	L DIVISION
2 Lawyer, if person in 1 has one (name, address, phone number,	
e-mail, and State Bar number): Juliet M. Brodie (State Bar No. 24898)	
Stanford Community Law Clinic/Mills Legal Clinic of Stanford Law School	Fill in court name and street address:
2117 University Avenue, Suite A, Palo Alto, CA 94303	Superior Court of California, County of SAN MATEO
(650) 725-9200	SUPERIOR COURT
A request to waive court fees was filed on (date):	400 County Center
	Redwood City, CA 94063
	Southern Branch
	Fill in case number and case name:  Case Number:
Read this form carefully. All checked haves A are court orders	CLJ
	Case Name: EQR, LLC
Notice: The court may order you to answer questions about your finances and late	
<ul> <li>Making copies and certifying copies</li> <li>Sending pa</li> </ul>	equest to Waive Additional Court Fees and costs listed below. (Cal. Rules of ag: cice and certificates apers to another court department binted interpreter in small claims court at the court-approved daily rate)
	ot have to pay for the checked items.  officer to testify in court  interpreter fees for a witness  iver order)  ees and costs checked below, for your
Preparing and certifying clerk's transcript for appeal Other (specify):	
ial Council of California, seed July 1, 2009, Mandatory Form roment Code, § 68634(e) ornia Rules of Court, rule 3.52	Solutions Ca Plus

b T	The court denies your request, as follows:
	Warning! If you miss the deadline below, the court cannot process your request for hearing or the court papers you filed with your original request. If the papers were a notice of appeal, the appeal may be dismissed.
(1)	<ul> <li>The court denies your request because it is incomplete. You have 10 days after the clerk gives notice of this order (see date below) to:</li> <li>Pay your fees and costs, or</li> <li>File a new revised request that includes the items listed below (specify incomplete items):</li> </ul>
(2)	The court <b>denies</b> your request because the information you provided on the request shows that you are not eligible for the fee waiver you requested (specify reasons):
	The court has enclosed a blank Request for Hearing About Court Fee Waiver Order (Superior Court), form FW-006. You have 10 days after the clerk gives notice of this order (see date below) to:  Pay your fees and costs, or  Ask for a hearing in order to show the court more information. (Use form FW-006 to request hearing.)
	court needs more information to decide whether to grant your request. You must go to court on the date v. The hearing will be about (specify questions regarding eligibility):
	Bring the following proof to support your request if reasonably available:
Heari	Name and address of court if different from page 1:  Date: Time:
Date	Dept.:Rm.:
waive	ning! If item c is checked, and you do not go to court on your hearing date, the judge will deny your request to e court fees, and you will have 10 days to pay your fees. If you miss that deadline, the court cannot process ourt papers you filed with your request. If the papers were a notice of appeal, the appeal may be dismissed.
Data	
Date	Signature of (check one):
langu	nest for Accommodations. Assistive listening systems, computer-assisted real-time captioning, or sign age interpreter services are available if you ask at least 5 days before your hearing. Contact the clerk's for Request for Accommodation, Form MC-410. (Civil Code, § 54.8.)
langua office	age interpreter services are available if you ask at least 5 days before your hearing. Contact the clerk's of for Request for Accommodation, Form MC-410. (Civil Code, § 54.8.)  Clerk's Certificate of Service
langua office ertify that I a	age interpreter services are available if you ask at least 5 days before your hearing. Contact the clerk's of request for Accommodation, Form MC-410. (Civil Code, § 54.8.)  Clerk's Certificate of Service am not involved in this case and (check one):  A certificate of mailing is attached.
langua office certify that I a I handed This order	age interpreter services are available if you ask at least 5 days before your hearing. Contact the clerk's of for Request for Accommodation, Form MC-410. (Civil Code, § 54.8.)  Clerk's Certificate of Service

Case Number:

CLJ

Revised July 1, 2009