



CASE NUMBER:

## 3. AFFIRMATIVE 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*):

☒ Description of facts is on MC-025, titled as Attachment 3k.

## 4. OTHER STATEMENTS

- a. ☐ Defendant vacated the premises on (*date*):
- b. ☐ The fair rental value of the premises alleged in the complaint is excessive (*explain below or on form MC-025*):  
☐ Explanation is on MC-025, titled as Attachment 4b.
- c. ☐ Other (*specify below or on form MC-025 in attachment*):  
☐ Other statements are on MC-025, titled as Attachment 4c.

## 5. DEFENDANT REQUESTS

- a. that plaintiff take nothing requested in the complaint.
- b. costs incurred in this proceeding.
- c. ☐ reasonable attorney fees.
- d. ☐ that plaintiff be ordered to (1) make repairs and correct the conditions that constitute a breach of the warranty to provide habitable premises and (2) reduce the monthly rent to a reasonable rental value until the conditions are corrected.
- e. ☐ Other (*specify below or on form MC-025*):  
☐ All other requests are stated on MC-025, titled as Attachment 5e.

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

**UNLAWFUL DETAINER ASSISTANT (Bus. & Prof. Code §§ 6400—6415)**

7. (*Must be completed in all cases.*) An **unlawful detainer assistant** ☐ did not ☐ did for compensation give advice or assistance with this form. (*If defendant has received **any** help or advice for pay from an unlawful detainer assistant, state*):

- a. Assistant's name: \_\_\_\_\_ b. Telephone No.: \_\_\_\_\_
- c. Street address, city, and zip code: \_\_\_\_\_
- d. County of registration: \_\_\_\_\_ e. Registration No.: \_\_\_\_\_ f. Expires on (*date*): \_\_\_\_\_

(*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.*)

Tony Stark

(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)

SHORT TITLE:  	CASE NUMBER:  
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ATTACHMENT (Number): \_\_\_\_\_

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

Property was inhabitable due to inadequate heat,  
inadequate security, and defective CO detectors.

*(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 \_\_\_\_\_ of \_\_\_\_\_

*(Add pages as required)*