

UD ANSWER SUPPLEMENT COVID-19 Related Financial Distress



**LEGAL AID
FOUNDATION
OF LOS ANGELES**

Forms

Self-Help Legal Access Centers

Santa Monica	Inglewood	Torrance	Long Beach
1725 Main St., Room 210 Santa Monica, CA 90401	1 East Regent St., Room 107 Inglewood, CA 90301	825 Maple Ave., Room 160 Torrance, CA 90503	275 Magnolia Ave., Room 3101 Long Beach, CA 90802

OCTOBER 2020

This guide is designed to help you fill out the forms yourself. It is not intended to provide legal advice nor strategy as to how to complete the case. The information provided in this packet only presents options and examples. This is not a substitute for professional legal advice from an attorney.

ATTORNEY OR PARTY WITHOUT ATTORNEY NAME: FIRM NAME: STREET ADDRESS: CITY: TELEPHONE NO.: E-MAIL ADDRESS: ATTORNEY FOR (<i>name</i>):	STATE BAR NUMBER: STATE: ZIP CODE: FAX NO.:	FOR COURT USE ONLY
SUPERIOR COURT OF CALIFORNIA, COUNTY OF STREET ADDRESS: MAILING ADDRESS: CITY AND ZIP CODE: BRANCH NAME:		
PLAINTIFF: DEFENDANT:		
COVER SHEET FOR DECLARATION OF COVID-19-RELATED FINANCIAL DISTRESS		CASE NUMBER:

Information for Defendant

A defendant tenant may use this form to file a declaration of COVID-19-related financial distress with the court if a plaintiff has filed an unlawful detainer action against the defendant and asserts that a defendant did not deliver a declaration within the required 15-day period after service of a notice demanding payment of rent or other financial obligations. (Code Civ. Proc., § 1179.03(h).)

For information about legal resources that may be available and to learn about other protections that may be available to you under federal or local law, go to lawhelpca.org or <https://landlordtenant.dre.ca.gov/>.

- The signed declaration (you may use form UD-104(A)) must be filed within 5 days after the summons and legal papers in the case are served on you, not counting Saturdays, Sundays, and other judicial holidays. This is the same time frame in which you must file an answer or other response to the complaint.
- If the declaration is filed within the time frame described above, the case against you may be dismissed. The court will set a hearing to determine if there was good cause for your not delivering the declaration to the plaintiff in the time required.
 - The court will provide a notice of the time and place of the hearing to all plaintiffs and defendants.
 - At the hearing, you may explain why you did not deliver this to the landlord in the time required.
 - If the court finds that your failure to provide the declaration was due to mistake, inadvertence, surprise, or excusable neglect, the court will dismiss the case against you.
- Written filings with the court must be provided in English. (Code Civ. Proc., §185 (a).)
 - If attaching a non-English-language declaration provided by the landlord, you should also attach an English-language version, either a copy that was given to you by the landlord or one from landlordtenant.dre.ca.gov/tenant/forms.html.
 - You can attach a translation of the declaration instead, if signed by the translator.

1. Defendant (*name*):

has attached a declaration of COVID-19-related financial distress to this form, signed by defendant.

2. Number of pages attached, including signed declaration (*specify*):

Date:

(TYPE OR PRINT NAME)



(SIGNATURE OF DEFENDANT OR ATTORNEY)

ATTORNEY OR PARTY WITHOUT ATTORNEY NAME: FIRM NAME: STREET ADDRESS: CITY: TELEPHONE NO.: E-MAIL ADDRESS: ATTORNEY FOR (<i>name</i>):	STATE BAR NUMBER: STATE: ZIP CODE: FAX NO.:	FOR COURT USE ONLY
SUPERIOR COURT OF CALIFORNIA, COUNTY OF STREET ADDRESS: MAILING ADDRESS: CITY AND ZIP CODE: BRANCH NAME:		
PLAINTIFF: DEFENDANT:		
ATTACHMENT—DECLARATION OF COVID-19—RELATED FINANCIAL DISTRESS		CASE NUMBER:

Review the information on form UD-104 to learn more about when to file this form.

I am currently unable to pay my rent or other financial obligations under the lease in full because of one or more of the following:

1. Loss of income caused by the COVID-19 pandemic.
2. Increased out-of-pocket expenses directly related to performing essential work during the COVID-19 pandemic.
3. Increased expenses directly related to health impacts of the COVID-19 pandemic.
4. Childcare responsibilities or responsibilities to care for an elderly, disabled, or sick family member directly related to the COVID-19 pandemic that limit my ability to earn income.
5. Increased costs for childcare or attending to an elderly, disabled, or sick family member directly related to the COVID-19 pandemic.
6. Other circumstances related to the COVID-19 pandemic that have reduced my income or increased my expenses.

Any public assistance, including unemployment insurance, pandemic unemployment assistance, state disability insurance (SDI), or paid family leave, that I have received since the start of the COVID-19 pandemic does not fully make up for my loss of income and/or increased expenses.

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)