


LABOR COMMISSIONER, STATE OF CALIFORNIA Department of Industrial Relations DIVISION OF LABOR STANDARDS ENFORCEMENT		
PLAINTIFF		
DEFENDANT		
STATE CASE NUMBER	ANSWER	

Defendant answers the complaint on the file as follows:

AGREES:

DENIES

(Set forth any particulars in which the complaint is inaccurate or incomplete and the facts upon which you intend to rely. Use additional sheet if necessary.)

Defendant certified that the foregoing, including attachments, is true and correct to the best of his/her knowledge and belief.

Executed at _____, California, on _____, 19 _____.

(Signature of person answering, with title if answer is made on behalf of another person or entity.)

(Type or print your name and name of person or entity, if any, on whose behalf this form is signed.)