

LABOR COMMISSIONER, STATE OF CALIFORNIA Department of Industrial Relations Division of Labor Standards Enforcement 320 West 4th Street, Suite 450 Los Angeles, CA 900013		
PLAINTIFF:		
DEFENDANT:		
STATE CASE NUMBER:	ANSWER	

Defendant answers the complaint on 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 reply. Use additional sheets if necessary.)

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

Executed at _____ California, on _____, 20__

 (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)