# Providing Proof of Violence – Qualified Third-Party Statement for Early Lease Termination under Civil Code Section 1946.7 TEMPLATE

This is a template for a qualified third-party statement, which can be used to show that a tenant (or family member living with the tenant) is a victim of domestic violence, sexual assault, stalking, human trafficking, a crime that resulted in bodily injury or death, a crime that included the brandishing of a firearm or other deadly weapon, a crime that included the use of force or threat of force, or dependent adult/elder abuse, for the purposes of breaking a lease. The tenant completes and signs Part I. Part II is completed and signed by certain professionals, such as psychologists, doctors, licensed therapists, licensed clinical social workers, registered nurses, sexual assault counselors, domestic violence counselors, or human trafficking caseworkers. **NOTE:** **If the professional making the statement is a sexual assault or domestic violence counselor or human trafficking caseworker (i.e., unlicensed professionals), the law requires that those professionals provide this statement on their organization’s letterhead.**

# Tenant Statement and Qualified Third-Party Statement under Civil Code Section 1946.7

**Part I. Statement By Tenant**

I, , state as follows: [Insert name of tenant.]

I, or a member of my household, have been a victim of:

[Insert one or more of the following: domestic violence, sexual assault, stalking, human trafficking, a crime that resulted in bodily injury or death, a crime that included the brandishing of a firearm or other deadly weapon, a crime that included the use of force or threat of force, or dependent adult/elder abuse.]

The most recent incident(s) happened on or about:

[Insert date or dates.]

The incident(s) was/were committed by the following person(s), with these physical description(s), if known and safe to provide:

[If known and safe to provide, insert name(s) and physical description(s).]

[Signature of tenant] [Date]

# Part II. Qualified Third Party Statement

I, , state as follows: [Insert name of qualified third party.]

My business address and phone number are:

[Insert business address and phone number.] Check and complete one of the following:

 I meet the requirements for a sexual assault counselor provided in Section 1035.2 of the Evidence Code and I am either engaged in an office, hospital, institution, or center commonly known as a rape crisis center described in that section or employed by an organization providing the programs specified in Section 13835.2 of the Penal Code.

 I meet the requirements for a domestic violence counselor provided in Section 1037.1 of the Evidence Code and I am employed, whether financially compensated or not, by a domestic violence victim service organization, as defined in that section.

 I meet the requirements for a human trafficking caseworker provided in Section 1038.2 of the Evidence Code and I am employed, whether financially compensated or not, by an organization that

provides programs specified in Section 18294 of the Welfare and Institutions Code or in Section 13835.2 of the Penal Code.

 I am licensed by the State of California as a:

[Insert one of the following: physician and surgeon, osteopathic physician and surgeon, registered nurse, psychiatrist, psychologist, licensed clinical social worker, licensed marriage and family therapist, or licensed professional clinical counselor.]

and I am licensed by, and my license number is:

[Insert name of state licensing entity and license number.]

The person who signed the Statement By Tenant above stated to me that person, or a member of the person’s household, is a victim of:

[Insert one or more of the following: domestic violence, sexual assault, stalking, human trafficking, a crime that resulted in bodily injury or death, a crime that included the brandishing of a firearm or other deadly weapon, a crime that included the use of force or threat of force, or dependent adult/elder abuse.]

The person further stated to me the incident(s) occurred on or about the date(s) stated above.

I understand that the person who made the Statement By Tenant may use this document as a basis for terminating a lease with the person’s landlord.

[Signature of qualified third party] [Date]