



## **TEMPLATE LETTER:**

### **Qualified Third Party Verification of Domestic Violence**

Generally, under California law, a landlord is not allowed to end or not renew someone's tenancy because of an act of domestic violence, sexual assault, stalking, human trafficking, or elder or dependent adult abuse against a tenant or household member by a non-tenant or non-household member.<sup>1</sup> To stop an eviction based on abuse, the tenant must prove they or their household member is a survivor by supplying one of the following:

- (1) a copy of protective order, such as a restraining order, issued at most 180 days ago, or
- (2) a copy of a written report, such as a police report, written at most 180 days ago, or
- (3) a statement signed by you and a qualified third party verifying that you or your household member is a survivor. Healthcare professionals (doctors, psychologists, registered nurses, licensed clinical social workers, licensed marriage and family therapist, and licensed professional clinical counselor), sexual assault and domestic violence counselors, and human trafficking caseworkers, are qualified third parties.<sup>2</sup>

Tenants verifying that they or their household member is a survivor with a Qualified Third Party Statement, may use this template letter, or another template that conforms with the requirements of California Code of Civil Procedure Section 1161.3.

Part I of the template must be completed by the tenant. Part II of the template must be completed by the qualified third party, i.e., the healthcare professional, domestic violence or sexual assault counselor or human trafficking caseworker. If Part II is completed by a domestic violence counselor, sexual assault counselor or human trafficking caseworker, then the letter must be written on their organization's letterhead.

**How do I get more assistance?** Contact FVAP at [info@fvapl原因.org](mailto:info@fvapl原因.org) or (510) 858-7358 for questions.

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<sup>1</sup> Code of Civ. Pro. § 1161.3, subds. (a).

<sup>2</sup> *Id.*

**Tenant and Qualified Third Party Statement Under California Code of Civil Procedure Section 1161.3.**

[If Part II is completed by a sexual assault counselor, domestic violence counselor or human trafficking caseworker, the letter must be written on the advocate's organization's letterhead.]

Part I. Statement By Tenant

I, \_\_\_\_\_ [insert name of tenant], state as follows:

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, elder abuse, or dependent adult 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 you know and it is safe to provide your abuser(s) name(s) and physical description(s), insert here, with the heading:

Name of abuser: \_\_\_\_\_ ;

Physical Description: \_\_\_\_\_ .]

\_\_\_\_\_  
Signature of Tenant

\_\_\_\_\_  
Date

Part II. Qualified Third Party Statement

I, \_\_\_\_\_ [Health Professional or Advocate's Name], state as follows:

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 he or she, or a member of his or her household, is a victim of: \_\_\_\_\_. [Insert one or more of the following: domestic violence, sexual assault, stalking, human trafficking, elder abuse, or dependent adult abuse.]

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

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date