

# CALIFORNIA 14-DAY NOTICE TO QUIT (DOMESTIC VIOLENCE)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Date \_\_\_\_\_

Dear Landlord,

This letter shall be recognized as my official notice to terminate the lease for the property located at \_\_\_\_\_, City of \_\_\_\_\_, State of \_\_\_\_\_ that was started on \_\_\_\_\_, 20\_\_\_\_\_.

In accordance with Civil Code 1946.7, I was the victim of domestic violence as defined in Section 6211 of the Family Code, sexual assault as defined in Section 261, 261.5, 262, 286, 287, or 289 of the Penal Code, stalking as defined in Section 1708.7, human trafficking as defined in Section 236.1 of the Penal Code, or abuse of an elder or a dependent adult as defined in Section 15610.07 of the Welfare and Institutions Code, and that the I intend to terminate the tenancy.

I fully intend on paying the rent, including any rent in arrears, for the fourteen (14) calendar day period of this notice. I further request to be released from any further obligations of the rental agreement beyond that period and without penalty.

Please refer to the attached "Tenant Statement Qualified Third (3<sup>rd</sup>) Party Statement Under Civil Code Section 1946.7" for further information.

**Signature of Tenant:** \_\_\_\_\_ **Date** \_\_\_\_\_



# TENANT STATEMENT QUALIFIED THIRD (3<sup>RD</sup>) PARTY STATEMENT UNDER CIVIL CODE SECTION 1946.7

## Part I. Statement by Tenant

I, \_\_\_\_\_ [Name of Tenant]. State as follows:

I, or a member of my household, have been a victim of: \_\_\_\_\_  
[insert one of the following: domestic violence, sexual violence, stalking, human trafficking, elder abuse, or dependent adult abuse.]

The most recent incident(s) happened on or about: \_\_\_\_\_  
[insert date(s)]

Th incident(s) was/were committed by the following person(s), with these physical description(s), if known and safe to provide: \_\_\_\_\_  
\_\_\_\_\_  
[insert name(s) and physical description(s).]

**Signature of Tenant:** \_\_\_\_\_ **Date** \_\_\_\_\_

## Part II. Qualified Third (3<sup>rd</sup>) Party Statement

I, \_\_\_\_\_ [insert name of qualified third (3<sup>rd</sup>) party], state as follows:

My business address and phone number are: \_\_\_\_\_  
\_\_\_\_\_  
[insert business address and phone number]

Check (√) and complete the following:

\_\_\_\_\_ - I meet the requirements for 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 crises 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 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 Party:** \_\_\_\_\_ **Date** \_\_\_\_\_