

ATTORNEY OR PARTY WITHOUT AN ATTORNEY (Name, State Bar number, and address): NAME: ADDRESS: CITY, STATE, ZIP: TELEPHONE NO: FAX NO. (Optional): EMAIL ADDRESS (Optional): ATTORNEY FOR (Name):	<i>FOR COURT USE ONLY</i>
SUPERIOR COURT OF CALIFORNIA, COUNTY OF DEL NORTE 450 H Street Crescent City, CA 95531	
PLAINTIFF/PETITIONER: vs. DEFENDANT/RESPONDENT:	
UNLAWFUL DETAINER SUPPLEMENTAL COVER SHEET	CASE NUMBER:

1. This action seeks possession of real property that is:

- a. Residential
- b. Commercial

2. (Complete only if paragraph 1(a) is checked) This action is based, in whole or in part, on an alleged default in payment of rent or other charges.

- a. Yes
- b. No

3. (Complete only if paragraph 2(a) is checked) All tenants have been served with COVID-19 rental debt information in accordance with 1179.03

- a. Tenant has submitted a "Declaration of COVID-19-related financial distress"
- b. Tenant has not submitted a "Declaration of COVID-19-related financial distress"

Date: _____

Type or Print Name

Signature