

**Statement By Qualified Third Party (Minn. Stat. § 504B.206)**

I, \_\_\_\_\_ (*name of qualified third party*), do hereby verify as follows:

1. I am a licensed health care professional, domestic abuse advocate, as that term is defined in Minn. Stat. § 595.02, subdivision 1, paragraph (l), or sexual assault counselor, as that term is defined in Minn. Stat. § 595.02, subdivision 1, paragraph (k), who has had in-person contact with

\_\_\_\_\_  
(*name of victim(s)*)

2. I have a reasonable basis to believe \_\_\_\_\_ (*name of victim(s)*) is a victim/are victims of domestic abuse, criminal sexual conduct, or stalking and fear(s) imminent violence against the individual or authorized occupant if the individual remains (the individuals remain) in the leased premises.

3. I understand that the person(s) listed above may use this document as a basis for gaining a release from the lease.

I attest that the foregoing is true and correct.

\_\_\_\_\_  
(*Printed name of qualified third party*)

\_\_\_\_\_  
(*Signature of qualified third party*)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
(*Business address and business telephone*)

\_\_\_\_\_ (*Date*)

**[Keep a copy of this letter and the document you attached for your records]**