

**Statement by qualified third party (Minn. Stat. § 504B.206)**

***Lus los ntawm ib tug sab nraud uas muaj feem (Minn. Stat. § 504B.206)***

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

*Kuv, \_\_\_\_\_ (npe ntawm tus neeg sab nraud uas muaj feem), lees lub luag haujlwm ua povthawj tias:*

**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 provided professional services to \_\_\_\_\_.

*(name of victim(s))*

*1. Kuv yog ib tus kws muaj ntaub ntawv ua haujlwm txog kev noj qab haus huv, ib tug kws sawv cev pab cov neeg raug ntaus/ua phem rau hauv tsev, raws li txhais hauv txoj cai Minn. Stat. § 595.02, txheej 1, nqe (l), lossis ib tug kws ua haujlwm nrog cov neeg raug quab yuam deev, raws li txhais hauv txoj cai Minn. Stat. § 595.02, txheej 1, nqe (k), ), tau muab kev pab cuam rau \_\_\_\_\_*

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

*2. Kuv muaj txoj kev paub thiab ntseeg tau tias \_\_\_\_\_ (lub npe ntawm tus neeg uas raug ua phem rau) yog ib tug neeg raug ntaus/ua phem rau hauv tsev, raug kev quab yuam deev, lossis raug thab zes thiab ntshai tias yuav rau kev ua phem tamsim no los rau tus kheej lossis rau lwm tus neeg muaj cai nyob hauv lub tsev yog tias tus neeg ntawd tsis tsiv tawm ntawm qhov chaw xauj ntawd*

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

*3. Kuv totaub tias tus(cov) neeg uas muaj npe saud muaj feem siv tau daim ntawv no los ua kev keb tawm ntawm daim ntawv xauj tsev.*

I attest that the foregoing is true and correct.

Kuv lees tias qhov no yeej muaj tseeb thiab yog tiag.

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*(Printed name of qualified third party)*  
*(Sau lub npe ntawm tus neeg sab nraud uas muaj feem)*

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*(Signature of qualified third party)*  
*(Xee lub npe ntawm tus neeg sab nraud uas muaj feem)*

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*(Business address and business telephone)*  
*(Chaw haujlwm thiab xovtooj tom haujlwm)*

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\_\_\_\_\_ *(Date) (Hnub Tim)*

**[Keep a copy of this letter and the document you attached for your records]**  
Luam daim ntawv no thiab daim uas koj muab nrog daim no rau koj tus kheej khaws cia