

DATE SAMPLE PROPERTY NAME / NUMBER \_\_\_\_\_  
 REQUESTING RESIDENT NAME SAMPLE \_\_\_\_\_  
 UNIT NUMBER \_\_\_\_\_ STREET ADDRESS \_\_\_\_\_  
 CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

**SAMPLE** signed Resident hereby requests that Owner/Agent release me and the listed Immediate Family Members from the remaining term of my Rental Agreement based on me, or an Immediate Family Member, being a victim of domestic violence, sexual assault or stalking. This request is given pursuant to ORS 90.453.

I verify that I am protected by a valid order of protection or have been the victim of domestic violence, sexual assault or stalking within the 90 days preceding the date of this notice. Any time the perpetrator was incarcerated or residing more than 100 miles from the victim's home does not count as part of this 90-day period.

**I have attached one of the following Verifications:**

- (A) A copy of a valid order of protection issued by a court pursuant to ORS 30.866, 107.095 (1)(c), 107.716, 107.718 or 163.738 or any other federal, state, local or tribal court order that restrains a person from contact with the Resident;
- (B) A copy of a federal agency or state, local or tribal police report regarding an act of domestic violence, sexual assault or stalking against the Resident;
- (C) A copy of a conviction of any person for an act of domestic violence, sexual assault or stalking against the Resident; or
- (D) A Qualified Third Party Verification in the form attached.

The requested release date is SAMPLE (date must be at least 14 days after the date of this request).

**The ~~SAMPLE~~ Immediate Family Members are included in this request:**

Name:	Relationship:
<u>SAMPLE</u>	<u>SAMPLE</u>
<u>SAMPLE</u>	<u>SAMPLE</u>
<u>SAMPLE</u>	<u>SAMPLE</u>
<u>SAMPLE</u>	<u>SAMPLE</u>
<u>SAMPLE</u>	<u>SAMPLE</u>
<u>SAMPLE</u>	<u>SAMPLE</u>

"Immediate Family Member" means, with regard to a Resident who is a victim of domestic violence, sexual assault or stalking, any of the following who is not a perpetrator of the domestic violence, sexual assault or stalking against the Resident:

- (A) An adult person related by blood, adoption, marriage or domestic partnership, as defined in ORS 106.310, or as defined or described in similar law in another jurisdiction;
- (B) A cohabitant in an intimate relationship;
- (C) An unmarried parent of a joint child; or
- (D) A child, grandchild, foster child, ward or guardian of the victim or of anyone listed in subparagraphs (A), (B) or (C) above.

I understand that I will not be liable for rent or damages to the dwelling unit incurred after the release date and I am not subject to any fee solely because of termination of the Rental Agreement. However, all other Residents not included in this release will remain subject to the Rental Agreement.

**Definitions:** The following additional definitions apply to this notice:

"Qualified third party" means a person that has had individual contact with the Resident and is a law enforcement officer, attorney or licensed health professional or is a victim's advocate at a victim services provider.

"Victim services provider" means: (A) A nonprofit agency or program receiving moneys administered by the Department of Human Services or the Department of Justice that offers safety planning, counseling, support or advocacy to victims of domestic violence, sexual assault or stalking; or (B) A prosecution-based victim assistance program or unit.

SAMPLE SAMPLE  
 X REQUESTING RESIDENT DATE  
 \_\_\_\_\_  
 PRINTED NAME

**ACKNOWLEDGMENT OF RECEIPT:**

SAMPLE SAMPLE  
 X OWNER/AGENT DATE  
 \_\_\_\_\_



DATE \_\_\_\_\_ PROPERTY NAME / NUMBER \_\_\_\_\_  
 QUALIFIED THIRD PARTY NAME \_\_\_\_\_  
 RESIDENT NAME \_\_\_\_\_  
 UNIT NUMBER \_\_\_\_\_ STREET ADDRESS \_\_\_\_\_  
 CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

SAMPLE

**PART 1. STATEMENT BY RESIDENT**

I, \_\_\_\_\_ (Name of Resident), do hereby state as follows:

- (A) I or a minor member of my household have been a victim of domestic violence, sexual assault or stalking, as those terms are defined in ORS 90.100.
- (B) The most recent incident(s) that I rely on in support of this statement occurred on the following date(s): SAMPLE.
  - The time since the most recent incident took place is less than 90 days; or
  - The time since the most recent incident took place is less than 90 days if periods when the perpetrator was incarcerated or was living more than 100 miles from my home are not counted. The perpetrator was incarcerated from SAMPLE to SAMPLE. The perpetrator lived more than 100 miles from my home from SAMPLE to SAMPLE.
- (C) I hereby declare that the above statement is true to the best of my knowledge and belief, and that I understand it is made for use as evidence in court and is subject to penalty for perjury.

X SAMPLE  
RESIDENT

SAMPLE  
DATE

**PART 2. STATEMENT BY QUALIFIED THIRD PARTY**

I, \_\_\_\_\_ (Name of Qualified Third Party), do hereby verify as follows:

- (A) I am a law enforcement officer, attorney or licensed health professional or a victim's advocate with a victims services provider, as defined in ORS 90.453.
- (B) My name, business address and business telephone are as follows:  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
- (C) The person who signed the statement above has informed me that the person or a minor member of the person's household is a victim of domestic violence, sexual assault or stalking, based on incidents that occurred on the dates listed above.
- (D) I reasonably believe the statement of the person above that the person or a minor member of the person's household is a victim of domestic violence, sexual assault or stalking, as those terms are defined in ORS 90.100. I understand that the person who made the statement may use this document as a basis for gaining a release from the Rental Agreement with the person's landlord.

I hereby declare that the above statement is true to the best of my knowledge and belief, and that I understand it is made for use as evidence in court and is subject to penalty for perjury.

X \_\_\_\_\_  
SIGNATURE OF QUALIFIED THIRD PARTY MAKING THIS STATEMENT

\_\_\_\_\_  
DATE