ATTORNEY OR PARTY WITHOUT AN ATTORNEY	FOR COURT USE ONLY
(Name, State Bar number, and address):	
NAME:	
ADDRESS:	
CITY, STATE, ZIP:	
TELEPHONE NO.:	
FAX NO.:	
EMAIL ADDRESS:	
SUPERIOR COURT OF CALIFORNIA, COUNT	Y OF GLENN
526 West Sycamore Street	
Willows, CA 95988	
PLAINTIFF/PETITIONER:	
vs. DEFENDANT/RESPONDENT:	
	CASE NUMBER:
UNLAWFUL DETAINER SUPPLEMENTAL	COVER SHEET
<ol> <li>This action seeks possession of real property that is:         <ul> <li>[ ] Residential</li> <li>[ ] Commercial</li> </ul> </li> <li>(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.         <ul> <li>[ ] Yes</li> <li>[ ] No</li> </ul> </li> </ol>	
debt information in accordance with CCP § a. [ ] Tenant has submitted a "Declarate	All tenants have been served with COVID-19 rental 179.03 on of COVID-19-related financial distress" aration of COVID-19-related financial distress"
Date:	
	int Name Signature of Party or Attorney for Party
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