

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>
<b>SUPERIOR COURT OF CALIFORNIA, COUNTY OF TRINITY</b> 11 Court St. PO Box 1258 Weaverville, CA 96093	
PLAINTIFF/PETITIONER: vs. DEFENDANT/RESPONDENT:	
<b>UNLAWFUL DETAINER SUPPLEMENTAL COVER SHEET</b>	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

Date: \_\_\_\_\_

\_\_\_\_\_  
 Type or Print Name

\_\_\_\_\_  
 Signature