



STATE OF RHODE ISLAND

DISTRICT COURT

AFFIDAVIT OF THE PLAINTIFF/LANDLORD REGARDING DECLARATION BY THE DEFENDANT/TENANT

Plaintiff/Landlord	Civil Action File Number
Defendant/Tenant	Attorney for the Plaintiff/Landlord

<input type="checkbox"/> Murray Judicial Complex 2 nd Division District Court 45 Washington Square Newport, Rhode Island 02840-2913 (401) 841-8350	<input type="checkbox"/> Noel Judicial Complex 3 rd Division District Court 222 Quaker Lane Warwick, Rhode Island 02886-0107 (401) 822-6750
<input type="checkbox"/> McGrath Judicial Complex 4 th Division District Court 4800 Tower Hill Road Wakefield, Rhode Island 02879-2239 (401) 782-4131	<input type="checkbox"/> Garrahy Judicial Complex 6 th Division District Court One Dorrance Plaza Providence, Rhode Island 02903-2719 (401) 458-5400

I, ☐ the Plaintiff/Landlord _____
or ☐ _____ an authorized agent
of the Plaintiff/Landlord in the above-entitled matter, do hereby, under oath, make this affidavit
and state that the following is within my personal knowledge.

Please check all that apply:

☐ The Plaintiff/Landlord is seeking to recover possession of the following property:

_____.

☐ The Defendant/Tenant is still in possession of the property as indicated above. The
amount of rent in arrearage amount is \$_____.

☐ I _____, the Plaintiff/Landlord, hereby state that
I have not received a declaration from _____,
the Defendant/Tenant, as ordered by the Centers for Disease Control and Prevention.



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Signature of the Plaintiff/Landlord or authorized agent of the Plaintiff/Landlord _____	Date
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State of _____

County of _____

On this _____ day of _____, 20____, before me, the undersigned notary public, personally appeared _____

☐ personally known to me or ☐ proved to me through satisfactory evidence of identification, which was _____, to be the person who signed above in my presence, and who swore or affirmed to me that the contents of the document are truthful to the best of his or her knowledge.

Notary Public: _____

My commission expires: _____

Notary identification number: _____