



AMS Legal Support Services

3 30 60 90

AMS or CLIENT \$ _____

UNLAWFUL DETAINER WORKSHEET

Date: _____

Payment: \$ _____

Work Order No. _____

1. Property Owner: _____ 2. Phone No. _____

3. Address: _____

4. Tenant(s) Name: _____

5. Property address: _____

6. Agreed to rent the premises as (circle one) Month to Month Lease

7. Rental Agreement (circle one): Written Oral

8. Date commenced tenancy: _____ 9. Agreed Monthly rent of \$ _____ payable

on the _____ day of each month.

10. Balance of rent now due: \$ _____ for the months of _____

Contract: _____ Notice: _____ Proof Of Service: _____

OFFICE USE ONLY

11. Type of Notice (circle one): 3 30 60 90 12. Date Notice Served: _____

13. Date Notice Expired: _____ 14. Type of service (circle one): Personal Posted

If posted, mailing date: _____