




HABITABILITY CLAIMS

Panel:

Alan Carnegie (moderator), Katherine Bruce, Pete
Fowler, Jennifer Kalvestran, Cesar Ortiz


ASSOCIATION OF
SOUTHERN CALIFORNIA
DEFENSE COUNSEL

HABITABILITY CLAIMS

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Fowler, Jennifer Kalvestran, Cesar Ortiz

MODERATOR

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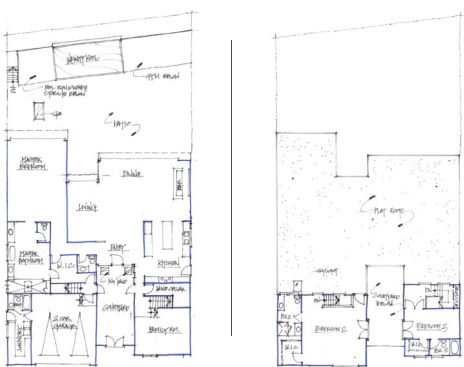
HABITABILITY

- Anticipating Construction Defect Risks Related to Habitational Claims (Avoiding the Claims that Traditionally Come)
- Actively Responding to and Managing Construction Defect Claims
- Successfully Resolving Construction Defect Based Habitational Claims

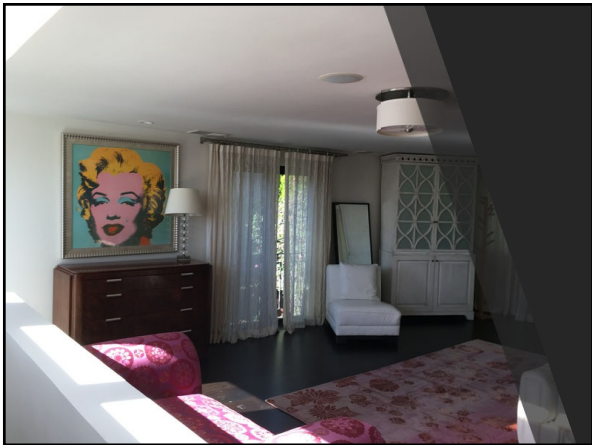




CASE STUDY #1: CUSTOM HOME















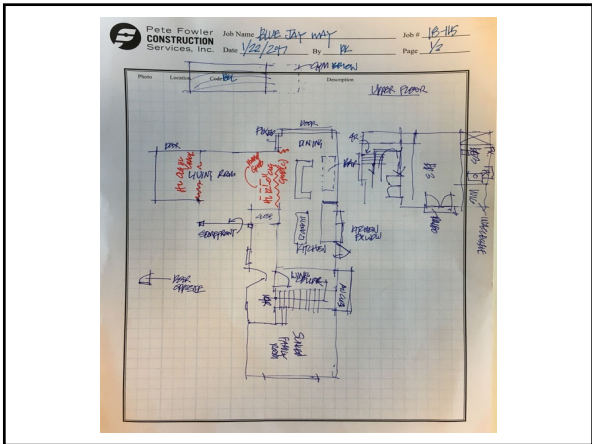












DISCUSSION

- Defending Claims
- Investigating Claims
- Claims Handling
- Coverage





CASE STUDY #2: CONDO CONVERSION





























DISCUSSION

- Defending Claims
- Investigating Claims
- Claims Handling
- Coverage

A photograph of a modern, multi-story apartment building with white siding and dark accents. The building has several windows and balconies. The sky is overcast and grey.

QUESTIONS

A hand holding a blue marker is shown underlining the word "QUESTIONS" which is written in a large, blue, hand-drawn font on a white background.

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HABITABILITY DISCOVERY MATRIX – PER UNIT

PROPERTY & UNIT NO.:

Address: _____ (hereinafter, the “Property”)

Unit Number: _____ (hereinafter, the “Unit”)

IDENTIFICATION OF TENANTS IN UNIT:

For each individual that lived with you in the Unit for more than one month, at any point (regardless of whether he or she is a named Plaintiff), please provide the information requested in the table below and, whenever true and accurate, write “N/A” for “Not Applicable”, such that no cells are left blank in the table.

Identification of Individuals: When identifying an individual at any time while completing this form, please provide the individual’s last-known contact information (telephone; physical, mailing, and email address) the first time that you identifying the individual.

Unit ##					
Tenant Identification & Tenancy Period					
No.	Name	Date & Place of Birth	Move-In Date and Move-Out Date	Move-Out Date	Dates of Extended Absences¹
1.					
2.					
3.					

¹ “Dates of Extended Absences” refers to dates during which a plaintiff did not sleep in the Unit for extended periods of 2 or more weeks.

Unit ##					
Tenant Identification & Tenancy Period					
No.	Name	Date & Place of Birth	Move-In Date and Move-Out Date	Move-Out Date	Dates of Extended Absences¹
4.					
5.					
6.					
7.					
8.					
9.					
10.					

BACKGROUND INFORMATION RE: PLAINTIFFS:

For each Plaintiff that lived in the Unit at the Property, please provide information regarding his or her residential, academic, occupational, criminal, and language background.

Plaintiff No. 1 (Adult)—Name: _____

Residence History for 10 Years Pre-Move-In Until Present:

1. From ____ to _____ Address (include unit no.): _____
2. From ____ to _____ Address (include unit no.): _____
3. From ____ to _____ Address (include unit no.): _____
4. From ____ to _____ Address (include unit no.): _____
5. From ____ to _____ Address (include unit no.): _____

Academic History:

High School

Name & City: _____

Years Attended: _____

Highest Grade Level: _____

Degree, Diploma, Certificate: _____

Undergraduate School

Name & City: _____

Years Attended: _____

Highest Grade Level: _____

Degree, Diploma, Certificate: _____

Graduate School

Name & City: _____

Years Attended: _____

Highest Grade Level: _____

Degree, Diploma, Certificate: _____

Other School (Vocational, Trade, Professional)

Name & City: _____

Years Attended: _____

Highest Grade Level: _____

Degree, Diploma, Certificate: _____

Occupational History for 10 Years Pre-Move-In Until Present:

1. From ____ to _____

Name & Address (include unit no.): _____

Job Title/Duties: _____

2. From ____ to _____

Name & Address (include unit no.): _____

Job Title/Duties: _____

3. From ____ to _____

Name & Address (include unit no.): _____

Job Title/Duties: _____

4. From ____ to _____

Name & Address (include unit no.): _____

Job Title/Duties: _____

5. From ____ to _____

Name & Address (include unit no.): _____

Job Title/Duties: _____

Felony Convictions: Yes ____ No ____

If you answered yes, please provide the following information:

Nature of Felony Conviction: _____

Date: _____

Court: _____

English Language Fluency: Yes ____ No ____

If you answered no, please specify the language and dialect in which you are fluent: _____

Plaintiff No. 2 (Minor)—Name: _____

Residence History for 10 Years Pre-Move-In Until Present:

1. From ____ to _____ Address (include unit no.): _____

2. From ____ to _____ Address (include unit no.): _____

3. From ____ to _____ Address (include unit no.): _____

4. From ____ to _____ Address (include unit no.): _____

5. From ____ to _____ Address (include unit no.): _____

Academic History:

Pre-School

Name & City: _____

Years Attended: _____

Kindergarten

Name & City: _____

Years Attended: _____

Elementary School

Name & City: _____

Years Attended: _____

High School

Name & City: _____

Years Attended: _____

Highest Grade Level: _____

Degree, Diploma, Certificate: _____

Day Care (each day care or after school care facility and summer program)

Name & City: _____

Years Attended: _____

Felony Convictions: Yes _____ No _____

If you answered yes, please provide the following information:

Nature of Felony Conviction: _____

Date: _____

Court/County: _____

English Language Fluency: Yes _____ No _____

If you answered no, please specify the language and dialect in which you are fluent: _____

LITIGATION BACKGROUND/CLAIM HISTORY:

Have any Plaintiffs in your Unit at the Property made a claim for monetary damages resulting from your tenancy or residency at any property previously: Yes _____ No _____

If you answered yes, please provide the following information:

Date of Tenancy: _____

Property Address: _____

Tenants/Attorney: _____

Landlord/Attorney: _____

Lawsuit Filed: Yes _____ No _____. If yes, state:

Case Name: _____

Case No.: _____

Courthouse: _____

Disposition: _____

Have any Plaintiffs in your Unit at the Property made a claim for damages resulting from any injury, complaint, or economic loss of the same or similar type as you are claiming in this lawsuit: Yes _____ No _____

If you answered yes, please provide the following information:

Date of Loss: _____

Nature of Incident: _____

Parties and Their Attorneys: _____

Claimants/Attorney: _____

Defendants/Attorney: _____

Lawsuit Filed: Yes _____ No _____. If yes, state:

Case Name: _____

Case No.: _____

Courthouse: _____

Disposition: _____

PROCEEDINGS RE: PROPERTY

Do you have any information regarding any administrative proceedings (e.g., General Manager Hearing, REAP), investigations (e.g., SCEP Task Force), or criminal proceedings (e.g., City Attorney Action) related to the Property or the Defendants? ___ Yes ___ No

If you answered yes, please provide the following information:

Type/Nature of Proceeding or Investigation: _____

Date of Proceeding or Investigation: _____

Case Name: _____

Case No.: _____

Venue—Administrative Agency or Courthouse/County: _____

Prosecutor/Investigator: _____

Parties Named or Target of Investigation: _____

Property Involved: _____

Do you have any documents related to proceeding or investigation? ___ Yes ___ No. If so, please attach a true and accurate color copy with bates-stamps indicating your Unit number or “PLTF” if you obtained your copies through your counsel.

TENANT FILE:

Lease: Do you have a copy of your lease and any amendments or modifications? ___ Yes ___ No. If you have documentation, please attach true and accurate color copies with bates-stamps that have a prefix indicating your Unit number.

Notices: Do you have any notices (e.g., notice to enter, rent increase, pay or quit) provided by the landlord to you or all tenants? ___ Yes ___ No. If you have documentation, please attach true and accurate color copies with bates-stamps that have a prefix indicating your Unit number.

Rent: Do you have any receipts or documents evidencing payment of your rent (e.g., money order receipts, rent receipts, checks posted)? ___ Yes ___ No. If you have documentation, please attach true and accurate color copies with bates-stamps that have a prefix indicating your Unit number.

COMMUNICATIONS WITH DEFENDANTS:

Property Owner: How many times have you directly communicated with the Property owner or its employees? _____. For each occasion that you communicated with the Property owner or its employees, please provide the information in the table below and attach true and accurate color copies with bates-stamps that have a prefix indicating your Unit number.

Unit ##					
Communications—Property Owner					
No.	Date	Method (in-person, phone, email, text message)	Identity of Individuals Present	Content of Communication	I Have Documentation
1.					Yes ___ No ___
2.					Yes ___ No ___
3.					Yes ___ No ___
4.					Yes ___ No ___
5.					Yes ___ No ___

Property Management Company: How many times have you directly communicated with the Property management company or its employees? _____. For each occasion that you communicated with the Property owner or its employees, please provide the information in the table below and attach true and accurate color copies with bates-stamps that have a prefix indicating your Unit number.

Unit ##					
Communications—Property Management Company					
No.	Date	Method (in-person, phone, email, text message)	Identity of Individuals Present	Content of Communication	I Have Documentation
1.					Yes ___ No ___

Unit ##					
Communications—Property Management Company					
No.	Date	Method (in-person, phone, email, text message)	Identity of Individuals Present	Content of Communication	I Have Documentation
2.					Yes ___ No ___
3.					Yes ___ No ___
4.					Yes ___ No ___
5.					Yes ___ No ___

Resident Manager: How many times have you directly communicated with the resident manager? _____. For each occasion that you communicated with the Property owner or its employees, please provide the information in the table below and attach true and accurate color copies with bates-stamps that have a prefix indicating your Unit number.

Unit ##					
Communications—Resident Manager					
No.	Date	Method (in-person, phone, email, text message)	Identity of Individuals Present	Content of Communication	I Have Documentation
1.					Yes ___ No ___
2.					Yes ___ No ___
3.					Yes ___ No ___
4.					Yes ___ No ___
5.					Yes ___ No ___

Case Name/Number:
Property/Unit:
Plaintiff(s):

Unit ##					
Communications—Resident Manager					
No.	Date	Method (in-person, phone, email, text message)	Identity of Individuals Present	Content of Communication	I Have Documentation

Maintenance Person: How many times have you directly communicated with the Property’s maintenance person? _____. For each occasion that you communicated with the Property owner or its employees, please provide the information in the table below and attach true and accurate color copies with bates-stamps that have a prefix indicating your Unit number.

Unit ##					
Communications—Maintenance Person					
No.	Date	Method (in-person, phone, email, text message)	Identity of Individuals Present	Content of Communication	I Have Documentation
1.					Yes ___ No ___
2.					Yes ___ No ___
3.					Yes ___ No ___
4.					Yes ___ No ___
5.					Yes ___ No ___

HABITABILITY CONDITIONS—DESCRIPTION:

If you contend that any condition in the Unit at the Property made the Unit uninhabitable, within the meaning of Civil Code section 1941.1 and/or Health and Safety Code section 17920.3 (hereinafter, “Uninhabitable Condition”), please provide the information requested in the table below regarding each Uninhabitable Condition, including: (1) its specific location (e.g., room, north-wall, window); (2) a description of the condition and the dates it existed; (3) what if any laws each condition violated; (4) the identity of any individuals with personal knowledge (e.g., saw or heard) of the condition; (5) whether any repair requests or repair attempts were made; (6) whether you are attaching any and all documentation (photos, videos, or inspection reports) that you have of the Uninhabitable Condition; and (7) whether each and every condition was resolved by stating “yes” or “no” in response to the question of whether the condition was resolved and, if it was resolved, stating the date it was resolved.

If you do not know or remember the answer to certain questions, please state “Don’t Know” or “Don’t Remember”. Wherever truthful and accurate, please state “NA” for “Not Applicable” to avoid leaving any blank cells in the table.

If you have documentation, please attach true and accurate color copies with bates-stamps that have a prefix indicating your Unit number.

Unit ##							
Habitability Conditions—Description							
No	Location	Condition Description & Dates Condition Existed	Violations of Law ²	Identity of Individuals w/ Personal Knowledge of Condition	Repair Requested? (Yes or No) Repair Attempted? (Yes or No)	I Have Documentation (Photo, Video, Inspection Report)	Resolved? Yes or No Date Resolved
1.					Repair Request Yes	Photo Yes	Was the condition

² Please specify each law that the Uninhabitable Condition violated by clearly identifying each Code Section, Municipal Ordinance, or Regulation and the most narrow and specific section or subsection identifier. Simply stating “Health and Safety Code Section 17920.3 or Civil Code section 1941.1 does not suffice.

Unit ##							
Habitability Conditions—Description							
No	Location	Condition Description & Dates Condition Existed	Violations of Law ²	Identity of Individuals w/ Personal Knowledge of Condition	Repair Requested? (Yes or No) Repair Attempted? (Yes or No)	I Have Documentation (Photo, Video, Inspection Report)	Resolved? Yes or No Date Resolved
					No ___ Repair Attempt Yes ___ No ___	No ___ Video Yes ___ No ___ Inspection Report Yes ___ No ___ Other Yes ___ No ___	resolved? _____ (State Yes or No) If Resolved, When Was It Resolved? Date: _____
2.					Repair Request Yes ___ No ___ Repair Attempt Yes ___ No ___	Photo Yes ___ No ___ Video Yes ___ No ___	Was the condition resolved? _____ (State Yes or No)

Case Name/Number:
Property/Unit:
Plaintiff(s):

Unit ##							
Habitability Conditions—Description							
No	Location	Condition Description & Dates Condition Existed	Violations of Law ²	Identity of Individuals w/ Personal Knowledge of Condition	Repair Requested? (Yes or No) Repair Attempted? (Yes or No)	I Have Documentation (Photo, Video, Inspection Report)	Resolved? Yes or No Date Resolved
						Inspection Report Yes ___ No ___ Other Yes ___ No ___	If Resolved, When Was It Resolved? Date: _____
3.					Repair Request Yes ___ No ___ Repair Attempt Yes ___ No ___	Photo Yes ___ No ___ Video Yes ___ No ___ Inspection Report Yes ___ No ___ Other Yes ___	Was the condition resolved? _____ (State Yes or No) If Resolved, When Was It Resolved? Date: _____

Case Name/Number:
 Property/Unit:
 Plaintiff(s):

Unit ##							
Habitability Conditions—Description							
No	Location	Condition Description & Dates Condition Existed	Violations of Law ²	Identity of Individuals w/ Personal Knowledge of Condition	Repair Requested? (Yes or No) Repair Attempted? (Yes or No)	I Have Documentation (Photo, Video, Inspection Report)	Resolved? Yes or No Date Resolved
						No ___	
4.					Repair Request Yes ___ No ___ Repair Attempt Yes ___ No ___	Photo Yes ___ No ___ Video Yes ___ No ___ Inspection Report Yes ___ No ___ Other Yes ___ No ___	Was the condition resolved? _____ (State Yes or No) If Resolved, When Was It Resolved? Date: _____
5.					Repair Request Yes ___ No ___ Repair Attempt	Photo Yes ___ No ___ Video	Was the condition resolved? _____

Case Name/Number:
 Property/Unit:
 Plaintiff(s):

Unit ##							
Habitability Conditions—Description							
No	Location	Condition Description & Dates Condition Existed	Violations of Law ²	Identity of Individuals w/ Personal Knowledge of Condition	Repair Requested? (Yes or No) Repair Attempted? (Yes or No)	I Have Documentation (Photo, Video, Inspection Report)	Resolved? Yes or No Date Resolved
					Yes ___ No ___	Yes ___ No ___ Inspection Report Yes ___ No ___ Other Yes ___ No ___	(State Yes or No) If Resolved, When Was It Resolved? Date: _____
6.					Repair Request Yes ___ No ___ Repair Attempt Yes ___ No ___	Photo Yes ___ No ___ Video Yes ___ No ___ Inspection Report Yes ___ No ___	Was the condition resolved? _____ (State Yes or No) If Resolved, When Was It Resolved? Date:

Unit ##							
Habitability Conditions—Description							
No	Location	Condition Description & Dates Condition Existed	Violations of Law ²	Identity of Individuals w/ Personal Knowledge of Condition	Repair Requested? (Yes or No) Repair Attempted? (Yes or No)	I Have Documentation (Photo, Video, Inspection Report)	Resolved? Yes or No Date Resolved
						Other Yes ___ No ___	
7.					Repair Request Yes ___ No ___ Repair Attempt Yes ___ No ___	Photo Yes ___ No ___ Video Yes ___ No ___ Inspection Report Yes ___ No ___ Other Yes ___ No ___	Was the condition resolved? _____ (State Yes or No) If Resolved, When Was It Resolved? Date: _____
8.					Repair Request Yes ___	Photo Yes ___	Was the condition

Case Name/Number:
Property/Unit:
Plaintiff(s):

Unit ##							
Habitability Conditions—Description							
No	Location	Condition Description & Dates Condition Existed	Violations of Law ²	Identity of Individuals w/ Personal Knowledge of Condition	Repair Requested? (Yes or No) Repair Attempted? (Yes or No)	I Have Documentation (Photo, Video, Inspection Report)	Resolved? Yes or No Date Resolved
					No ___ Repair Attempt Yes ___ No ___	No ___ Video Yes ___ No ___ Inspection Report Yes ___ No ___ Other Yes ___ No ___	resolved? _____ (State Yes or No) If Resolved, When Was It Resolved? Date: _____
9.					Repair Request Yes ___ No ___ Repair Attempt Yes ___ No ___	Photo Yes ___ No ___ Video Yes ___ No ___	Was the condition resolved? _____ (State Yes or No)

Case Name/Number:
Property/Unit:
Plaintiff(s):

Unit ##							
Habitability Conditions—Description							
No	Location	Condition Description & Dates Condition Existed	Violations of Law ²	Identity of Individuals w/ Personal Knowledge of Condition	Repair Requested? (Yes or No) Repair Attempted? (Yes or No)	I Have Documentation (Photo, Video, Inspection Report)	Resolved? Yes or No Date Resolved
						Inspection Report Yes ___ No ___ Other Yes ___ No ___	If Resolved, When Was It Resolved? Date: _____
10.					Repair Request Yes ___ No ___ Repair Attempt Yes ___ No ___	Photo Yes ___ No ___ Video Yes ___ No ___ Inspection Report Yes ___ No ___ Other Yes ___	Was the condition resolved? _____ (State Yes or No) If Resolved, When Was It Resolved? Date: _____

Case Name/Number:
 Property/Unit:
 Plaintiff(s):

Unit ##							
Habitability Conditions—Description							
No	Location	Condition Description & Dates Condition Existed	Violations of Law ²	Identity of Individuals w/ Personal Knowledge of Condition	Repair Requested? (Yes or No) Repair Attempted? (Yes or No)	I Have Documentation (Photo, Video, Inspection Report)	Resolved? Yes or No Date Resolved
						No ____	

Case Name/Number:
Property/Unit:
Plaintiff(s):

HABITABILITY CONDITION—REPAIR REQUESTS:

If you contend that you or any person on your behalf requested the landlord make a repair of any of the Uninhabitable Conditions (identified in the table above), please provide the information requested in the table below regarding each repair request, including: (1) the location of the Uninhabitable Condition; (2) a description of the Uninhabitable Condition; (3) each and every date that a repair request was made; (4) for each repair request, the method of communication (e.g., mail, fax, telephone, email, text message, or online form); (5) for each repair request, the identity of the individual who made the request; and (6) for each repair request, the identity of the individual who received the request.

Where multiple requests have been made, please consistently provide information for each request along the number provided. For example, if you made three requests, then: (1) the number 1. line should be used to provide the date, method, and identities of the first request; (2) the number 2. line should be used to provide the date, method, and identities of the second request; (3) the number 3. line should be used to provide the date, method, and identities of the third request; and (4) “NA” should be inserted into the number 4. and 5. lines because there were no fourth or fifth requests.

If you do not know or remember the answer to certain questions, please state “Don’t Know” or “Don’t Remember”. Wherever truthful and accurate, please state “NA” for “Not Applicable” to avoid leaving any blank cells in the table.

If you have documentation, please attach true and accurate color copies with bates-stamps that have a prefix indicating your Unit number.

Unit ##							
Habitability Conditions – Repairs Requests							
No	Location	Condition	Date of Each Repair Request	Method of Communication for Each Repair Request	Requestor (Individual’s Identity)	Recipient (Individual’s Identity)	I Have Documentation (Photo, Video, Work Order)
1.			1. _____	1. _____	1. _____	1. _____	Photo Yes ___ No ___ Video

Unit ##							
Habitability Conditions – Repairs Requests							
No	Location	Condition	Date of Each Repair Request	Method of Communication for Each Repair Request	Requestor (Individual's Identity)	Recipient (Individual's Identity)	I Have Documentation (Photo, Video, Work Order)
			2. _____ 3. _____ 4. _____ 5. _____	2. _____ 3. _____ 4. _____ 5. _____	2. _____ 3. _____ 4. _____ 5. _____	2. _____ 3. _____ 4. _____ 5. _____	Yes ___ No ___ Work Order Yes ___ No ___ Other Yes ___ No ___
2.			1. _____ 2. _____ 3. _____ 4. _____ 5. _____	1. _____ 2. _____ 3. _____ 4. _____ 5. _____	1. _____ 2. _____ 3. _____ 4. _____ 5. _____	1. _____ 2. _____ 3. _____ 4. _____ 5. _____	Photo Yes ___ No ___ Video Yes ___ No ___ Work Order Yes ___ No ___ Other Yes ___ No ___

Unit ##							
Habitability Conditions – Repairs Requests							
No	Location	Condition	Date of Each Repair Request	Method of Communication for Each Repair Request	Requestor (Individual's Identity)	Recipient (Individual's Identity)	I Have Documentation (Photo, Video, Work Order)
3.			1. _____ 2. _____ 3. _____ 4. _____ 5. _____	1. _____ 2. _____ 3. _____ 4. _____ 5. _____	1. _____ 2. _____ 3. _____ 4. _____ 5. _____	1. _____ 2. _____ 3. _____ 4. _____ 5. _____	Photo Yes ___ No ___ Video Yes ___ No ___ Work Order Yes ___ No ___ Other Yes ___ No ___
4.			1. _____ 2. _____ 3. _____	1. _____ 2. _____ 3. _____	1. _____ 2. _____ 3. _____	1. _____ 2. _____ 3. _____	Photo Yes ___ No ___ Video Yes ___ No ___ Work Order Yes ___ No ___

Unit ## Habitability Conditions – Repairs Requests							
No	Location	Condition	Date of Each Repair Request	Method of Communication for Each Repair Request	Requestor (Individual's Identity)	Recipient (Individual's Identity)	I Have Documentation (Photo, Video, Work Order)
			4. _____ 5. _____	4. _____ 5. _____	4. _____ 5. _____	4. _____ 5. _____	Other Yes ___ No ___
5.			1. _____ 2. _____ 3. _____ 4. _____ 5. _____	1. _____ 2. _____ 3. _____ 4. _____ 5. _____	1. _____ 2. _____ 3. _____ 4. _____ 5. _____	1. _____ 2. _____ 3. _____ 4. _____ 5. _____	Photo Yes ___ No ___ Video Yes ___ No ___ Work Order Yes ___ No ___ Other Yes ___ No ___
6.			1. _____ 2. _____	1. _____ 2. _____	1. _____ 2. _____	1. _____ 2. _____	Photo Yes ___ No ___ Video Yes ___

Unit ## Habitability Conditions – Repairs Requests							
No	Location	Condition	Date of Each Repair Request	Method of Communication for Each Repair Request	Requestor (Individual's Identity)	Recipient (Individual's Identity)	I Have Documentation (Photo, Video, Work Order)
			3. _____ 4. _____ 5. _____	3. _____ 4. _____ 5. _____	3. _____ 4. _____ 5. _____	3. _____ 4. _____ 5. _____	No ___ Work Order Yes ___ No ___ Other Yes ___ No ___
7.			1. _____ 2. _____ 3. _____ 4. _____ 5. _____	1. _____ 2. _____ 3. _____ 4. _____ 5. _____	1. _____ 2. _____ 3. _____ 4. _____ 5. _____	1. _____ 2. _____ 3. _____ 4. _____ 5. _____	Photo Yes ___ No ___ Video Yes ___ No ___ Work Order Yes ___ No ___ Other Yes ___ No ___
8.							Photo

Unit ## Habitability Conditions – Repairs Requests							
No	Location	Condition	Date of Each Repair Request	Method of Communication for Each Repair Request	Requestor (Individual's Identity)	Recipient (Individual's Identity)	I Have Documentation (Photo, Video, Work Order)
			1. _____ 2. _____ 3. _____ 4. _____ 5. _____	1. _____ 2. _____ 3. _____ 4. _____ 5. _____	1. _____ 2. _____ 3. _____ 4. _____ 5. _____	1. _____ 2. _____ 3. _____ 4. _____ 5. _____	Yes ___ No ___ Video Yes ___ No ___ Work Order Yes ___ No ___ Other Yes ___ No ___
9.			1. _____ 2. _____ 3. _____ 4. _____	1. _____ 2. _____ 3. _____ 4. _____	1. _____ 2. _____ 3. _____ 4. _____	1. _____ 2. _____ 3. _____ 4. _____	Photo Yes ___ No ___ Video Yes ___ No ___ Work Order Yes ___ No ___

Unit ##							
Habitability Conditions – Repairs Requests							
No	Location	Condition	Date of Each Repair Request	Method of Communication for Each Repair Request	Requestor (Individual's Identity)	Recipient (Individual's Identity)	I Have Documentation (Photo, Video, Work Order)
			5. _____	5. _____	5. _____	5. _____	Other Yes ___ No ___
10.			1. _____ 2. _____ 3. _____ 4. _____ 5. _____	1. _____ 2. _____ 3. _____ 4. _____ 5. _____	1. _____ 2. _____ 3. _____ 4. _____ 5. _____	1. _____ 2. _____ 3. _____ 4. _____ 5. _____	Photo Yes ___ No ___ Video Yes ___ No ___ Work Order Yes ___ No ___ Other Yes ___ No ___

HABITABILITY CONDITIONS—REPAIRS ATTEMPTED/PERFORMED:

If any repairs were attempted or performed to remediate the Uninhabitable Conditions (identified in the table above), please provide the information requested in the table below regarding each repair, including: (1) the location of the Uninhabitable Condition; (2) a description of the Uninhabitable Condition; (3) each and every date that a repair was attempted; (4) for each repair attempted, the identity of the repair person; (5) for each repair attempted, the identity of individual who were present during the repair; and (6) for each repair attempted, the nature of the repair.

Where multiple requests have been made, please consistently provide information for each repair along the numbered lines provided. For example, if there were repairs on three separate dates attempted, then: (1) the number 1. line should be used to provide the date, identities, and nature for the first repair; (2) the number 2. line should be used to provide the date, identities, and nature for the second repair; (3) the number 3. line should be used to provide the date, identities, and nature for the third repair; and (4) “NA” should be inserted into the number 4. and 5. lines because there were no fourth or fifth repair attempts.

If you do not know or remember the answer to certain questions, please state “Don’t Know” or “Don’t Remember”. Wherever truthful and accurate, please state “NA” for “Not Applicable” to avoid leaving any blank cells in the table.

If you have documentation, please attach true and accurate color copies with bates-stamps that have a prefix indicating your Unit number.

Unit ##							
Habitability Conditions – Repairs Attempted/Performed							
No	Location	Condition	Dates of Each Attempted Repair	Repair Person’s Identity	Identity of Other Persons Present	Nature of Attempted Repair	I Have Documentation (Photo, Video, Work Order)
1.			1. _____ 2. _____	1. _____ 2. _____	1. _____ 2. _____	1. _____ 2. _____	Photo Yes ___ No ___ Video Yes

Unit ## Habitability Conditions – Repairs Attempted/Performed							
No	Location	Condition	Dates of Each Attempted Repair	Repair Person's Identity	Identity of Other Persons Present	Nature of Attempted Repair	I Have Documentation (Photo, Video, Work Order)
			3. _____ 4. _____ 5. _____	3. _____ 4. _____ 5. _____	3. _____ 4. _____ 5. _____	3. _____ 4. _____ 5. _____	No ___ Work Order Yes ___ No ___ Other Yes ___ No ___
2.			1. _____ 2. _____ 3. _____ 4. _____ 5. _____	1. _____ 2. _____ 3. _____ 4. _____ 5. _____	1. _____ 2. _____ 3. _____ 4. _____ 5. _____	1. _____ 2. _____ 3. _____ 4. _____ 5. _____	Photo Yes ___ No ___ Video Yes ___ No ___ Work Order Yes ___ No ___ Other Yes ___ No ___
3.							Photo

Case Name/Number:
Property/Unit:
Plaintiff(s):

Unit ##							
Habitability Conditions – Repairs Attempted/Performed							
No	Location	Condition	Dates of Each Attempted Repair	Repair Person's Identity	Identity of Other Persons Present	Nature of Attempted Repair	I Have Documentation (Photo, Video, Work Order)
			1. _____ 2. _____ 3. _____ 4. _____ 5. _____	1. _____ 2. _____ 3. _____ 4. _____ 5. _____	1. _____ 2. _____ 3. _____ 4. _____ 5. _____	1. _____ 2. _____ 3. _____ 4. _____ 5. _____	Yes ___ No ___ Video Yes ___ No ___ Work Order Yes ___ No ___ Other Yes ___ No ___
4.			1. _____ 2. _____ 3. _____ 4. _____	1. _____ 2. _____ 3. _____ 4. _____	1. _____ 2. _____ 3. _____ 4. _____	1. _____ 2. _____ 3. _____ 4. _____	Photo Yes ___ No ___ Video Yes ___ No ___ Work Order Yes ___ No ___

Case Name/Number:
Property/Unit:
Plaintiff(s):

Unit ##							
Habitability Conditions – Repairs Attempted/Performed							
No	Location	Condition	Dates of Each Attempted Repair	Repair Person's Identity	Identity of Other Persons Present	Nature of Attempted Repair	I Have Documentation (Photo, Video, Work Order)
			5. _____	5. _____	5. _____	5. _____	Other Yes ___ No ___
5.			1. _____ 2. _____ 3. _____ 4. _____ 5. _____	1. _____ 2. _____ 3. _____ 4. _____ 5. _____	1. _____ 2. _____ 3. _____ 4. _____ 5. _____	1. _____ 2. _____ 3. _____ 4. _____ 5. _____	Photo Yes ___ No ___ Video Yes ___ No ___ Work Order Yes ___ No ___ Other Yes ___ No ___
6.			1. _____ 2. _____	1. _____ 2. _____	1. _____ 2. _____	1. _____ 2. _____	Photo Yes ___ No ___ Video Yes ___ No ___

Unit ## Habitability Conditions – Repairs Attempted/Performed							
No	Location	Condition	Dates of Each Attempted Repair	Repair Person's Identity	Identity of Other Persons Present	Nature of Attempted Repair	I Have Documentation (Photo, Video, Work Order)
			3. _____ 4. _____ 5. _____	3. _____ 4. _____ 5. _____	3. _____ 4. _____ 5. _____	3. _____ 4. _____ 5. _____	Work Order Yes ___ No ___ Other Yes ___ No ___
7.			1. _____ 2. _____ 3. _____ 4. _____ 5. _____	1. _____ 2. _____ 3. _____ 4. _____ 5. _____	1. _____ 2. _____ 3. _____ 4. _____ 5. _____	1. _____ 2. _____ 3. _____ 4. _____ 5. _____	Photo Yes ___ No ___ Video Yes ___ No ___ Work Order Yes ___ No ___ Other Yes ___ No ___
8.							Photo Yes ___

Unit ## Habitability Conditions – Repairs Attempted/Performed							
No	Location	Condition	Dates of Each Attempted Repair	Repair Person's Identity	Identity of Other Persons Present	Nature of Attempted Repair	I Have Documentation (Photo, Video, Work Order)
			1. _____ 2. _____ 3. _____ 4. _____ 5. _____	1. _____ 2. _____ 3. _____ 4. _____ 5. _____	1. _____ 2. _____ 3. _____ 4. _____ 5. _____	1. _____ 2. _____ 3. _____ 4. _____ 5. _____	No ___ Video Yes ___ No ___ Work Order Yes ___ No ___ Other Yes ___ No ___
9.			1. _____ 2. _____ 3. _____ 4. _____	1. _____ 2. _____ 3. _____ 4. _____	1. _____ 2. _____ 3. _____ 4. _____	1. _____ 2. _____ 3. _____ 4. _____	Photo Yes ___ No ___ Video Yes ___ No ___ Work Order Yes ___ No ___ Other

Case Name/Number:
Property/Unit:
Plaintiff(s):

Unit ##							
Habitability Conditions – Repairs Attempted/Performed							
No	Location	Condition	Dates of Each Attempted Repair	Repair Person's Identity	Identity of Other Persons Present	Nature of Attempted Repair	I Have Documentation (Photo, Video, Work Order)
			5. _____	5. _____	5. _____	5. _____	Yes ___ No ___
10.			1. _____	1. _____	1. _____	1. _____	Photo Yes ___ No ___
			2. _____	2. _____	2. _____	2. _____	Video Yes ___ No ___
			3. _____	3. _____	3. _____	3. _____	Work Order Yes ___ No ___
			4. _____	4. _____	4. _____	4. _____	Other Yes ___ No ___
			5. _____	5. _____	5. _____	5. _____	

HABITABILITY CONDITIONS—INSPECTIONS:

Please provide the information requested in the table below regarding each and every inspection performed by any person (regardless of whether the inspection was performed on your behalf, the landlord’s behalf, or by a public agency): (1) the date of inspection; (2) the identity of the individual who performed the inspection; (3) the public agency or company on whose behalf the inspector performed the inspection; (4) the identity of any other persons present during the inspection; (5) the inspector’s findings and conclusions; and (6) each and every communication you had with the inspector, including the date of the communication, method of communication (mail, fax, telephone, text message, email, or online form), and the identity of each person who made/received the communication.

If you do not know or remember the answer to certain questions, please state “Don’t Know” or “Don’t Remember”. Wherever truthful and accurate, please state “NA” for “Not Applicable” to avoid leaving any blank cells in the table.

If you have documentation, please attach true and accurate color copies with bates-stamps that have a prefix indicating your Unit number.

Unit ##							
Habitability Conditions – Inspections							
No	Dates	Inspector’s Identity	Public Agency or Company	Identity Other Persons Present	Findings & Conclusions	Describe Your Communications w/ Inspector (Date, Method, Identity of Persons Involved)	I Have Documentation (Photo, Video Inspection Report, Corresp.)
1.							Photo Yes ___ No ___ Video Yes ___ No ___

Unit ##							
Habitability Conditions – Inspections							
No	Dates	Inspector's Identity	Public Agency or Company	Identity Other Persons Present	Findings & Conclusions	Describe Your Communications w/ Inspector (Date, Method, Identity of Persons Involved)	I Have Documentation (Photo, Video Inspection Report, Corresp.)
							Inspection Report Yes ___ No ___ Correspondence Yes ___ No ___ Other Yes ___ No ___
2.							Photo Yes ___ No ___ Video Yes ___ No ___ Inspection Report Yes

Case Name/Number:
 Property/Unit:
 Plaintiff(s):

Unit ##							
Habitability Conditions – Inspections							
No	Dates	Inspector's Identity	Public Agency or Company	Identity Other Persons Present	Findings & Conclusions	Describe Your Communications w/ Inspector (Date, Method, Identity of Persons Involved)	I Have Documentation (Photo, Video Inspection Report, Corresp.)
							No ___ Correspondence Yes ___ No ___ Other Yes ___ No ___
3.							Photo Yes ___ No ___ Video Yes ___ No ___ Inspection Report Yes ___ No ___ Correspondence

Case Name/Number:
 Property/Unit:
 Plaintiff(s):

Unit ##							
Habitability Conditions – Inspections							
No	Dates	Inspector's Identity	Public Agency or Company	Identity Other Persons Present	Findings & Conclusions	Describe Your Communications w/ Inspector (Date, Method, Identity of Persons Involved)	I Have Documentation (Photo, Video Inspection Report, Corresp.)
							Yes ___ No ___ Other Yes ___ No ___
4.							Photo Yes ___ No ___ Video Yes ___ No ___ Inspection Report Yes ___ No ___ Correspondence Yes ___ No ___

Case Name/Number:
 Property/Unit:
 Plaintiff(s):

Unit ##							
Habitability Conditions – Inspections							
No	Dates	Inspector's Identity	Public Agency or Company	Identity Other Persons Present	Findings & Conclusions	Describe Your Communications w/ Inspector (Date, Method, Identity of Persons Involved)	I Have Documentation (Photo, Video Inspection Report, Corresp.)
							Other Yes ___ No ___
5.							Photo Yes ___ No ___ Video Yes ___ No ___ Inspection Report Yes ___ No ___ Correspondence Yes ___ No ___ Other Yes ___ No ___

Case Name/Number:
Property/Unit:
Plaintiff(s):

Unit ##							
Habitability Conditions – Inspections							
No	Dates	Inspector’s Identity	Public Agency or Company	Identity Other Persons Present	Findings & Conclusions	Describe Your Communications w/ Inspector (Date, Method, Identity of Persons Involved)	I Have Documentation (Photo, Video Inspection Report, Corresp.)
6.							Photo Yes ___ No ___ Video Yes ___ No ___ Inspection Report Yes ___ No ___ Correspondence Yes ___ No ___ Other Yes ___ No ___
7.							Photo Yes ___

Case Name/Number:
 Property/Unit:
 Plaintiff(s):

Unit ##							
Habitability Conditions – Inspections							
No	Dates	Inspector's Identity	Public Agency or Company	Identity Other Persons Present	Findings & Conclusions	Describe Your Communications w/ Inspector (Date, Method, Identity of Persons Involved)	I Have Documentation (Photo, Video Inspection Report, Corresp.)
							No ___ Video Yes ___ No ___ Inspection Report Yes ___ No ___ Correspondence Yes ___ No ___ Other Yes ___ No ___
8.							Photo Yes ___ No ___ Video

Case Name/Number:
 Property/Unit:
 Plaintiff(s):

Unit ##							
Habitability Conditions – Inspections							
No	Dates	Inspector's Identity	Public Agency or Company	Identity Other Persons Present	Findings & Conclusions	Describe Your Communications w/ Inspector (Date, Method, Identity of Persons Involved)	I Have Documentation (Photo, Video Inspection Report, Corresp.)
							Yes ___ No ___ Inspection Report Yes ___ No ___ Correspondence Yes ___ No ___ Other Yes ___ No ___
9.							Photo Yes ___ No ___ Video Yes ___ No ___

Case Name/Number:
 Property/Unit:
 Plaintiff(s):

Unit ##							
Habitability Conditions – Inspections							
No	Dates	Inspector's Identity	Public Agency or Company	Identity Other Persons Present	Findings & Conclusions	Describe Your Communications w/ Inspector (Date, Method, Identity of Persons Involved)	I Have Documentation (Photo, Video Inspection Report, Corresp.)
							Inspection Report Yes ___ No ___ Correspondence Yes ___ No ___ Other Yes ___ No ___
10.							Photo Yes ___ No ___ Video Yes ___ No ___ Inspection Report Yes

Case Name/Number:
 Property/Unit:
 Plaintiff(s):

Unit ##							
Habitability Conditions – Inspections							
No	Dates	Inspector's Identity	Public Agency or Company	Identity Other Persons Present	Findings & Conclusions	Describe Your Communications w/ Inspector (Date, Method, Identity of Persons Involved)	I Have Documentation (Photo, Video Inspection Report, Corresp.)
							No ___ Correspondence Yes ___ No ___ Other Yes ___ No ___

Case Name/Number:
 Property/Unit:
 Plaintiff(s):

PLAINTIFF’S INJURIES & COMPLAINTS:

If you contend that any Plaintiff in your Unit at the Property suffered injuries or related complaints as a result of the Uninhabitable Conditions, please provide the information requested in the table below regarding: (1) the name and date of birth of the Plaintiff; (2) the nature of the injuries and complaints; (3) the cause of the injuries and complaints; (4) the dates during which the injuries or complaints persisted; (5) the identity of any witnesses to the injuries or complaints (e.g., parents, teachers, counselors, health care providers, coworkers); and (6) any documentation that supports the nature, existence, or extent of these injuries and complaints (e.g., medical or therapeutic records, school records, employment records).

If you do not know or remember the answer to certain questions, please state “Don’t Know” or “Don’t Remember”. Wherever truthful and accurate, please state “NA” for “Not Applicable” to avoid leaving any blank cells in the table.

If you have documentation, please attach true and accurate color copies with bates-stamps that have a prefix indicating your Unit number and Plaintiff to which it relates.

Unit ##						
Injuries & Complaints Per Plaintiff						
No.	Plaintiff Name & Date of Birth	Nature of Injuries & Complaints	Cause of Injuries and Complaints	Dates of Injuries & Complaints	Witnesses to Injuries & Complaints	I Have Documentation
1.						Yes ___ No ___ If yes, type of documentation: _____
2.						Yes ___ No ___ If yes, type of documentation: _____

Unit ##						
Injuries & Complaints Per Plaintiff						
No.	Plaintiff Name & Date of Birth	Nature of Injuries & Complaints	Cause of Injuries and Complaints	Dates of Injuries & Complaints	Witnesses to Injuries & Complaints	I Have Documentation
3.						Yes ___ No ___ If yes, type of documentation: _____
4.						Yes ___ No ___ If yes, type of documentation: _____
5.						Yes ___ No ___ If yes, type of documentation: _____

Case Name/Number:
 Property/Unit:
 Plaintiff(s):

UNIT’S ECONOMIC LOSSES/DAMAGES:

If you contend that the individuals in your unit suffered economic losses, please provide the information requested in the table below regarding: (1) the type (e.g., restitution of rent, depreciation of rental value, loss of use of property, property damage, remediation costs) and description (e.g., discarded food, furniture, bedding, clothes) of economic damages or losses claimed; (2) the cause of the economic damages or losses; (3) the estimated dollar amount of each economic loss; (4) the method used to calculate the estimated dollar amount (e.g., market value, cost of repair, cost of replacement, original purchase amount); and (5) specification of whether there is any documentation of economic loss (e.g., purchase receipts, invoices, quotes, rental comparative analysis, rent receipts).

If you do not know or remember the answer to certain questions, please state “Don’t Know” or “Don’t Remember”. Wherever truthful and accurate, please state “NA” for “Not Applicable” to avoid leaving any blank cells in the table.

If you have documentation, please attach true and accurate color copies with bates-stamps that have a prefix indicating your Unit number.

Unit ## Economic Losses Per Unit					
No.	Type & Description of Economic Damages or Losses	Cause of Economic Damages or Losses	Estimated Dollar Amount of Economic Loss	Method of Calculation of Cost	I Have Documentation
1.					Yes ___ No ___ If yes, type of documentation: _____
2.					Yes ___ No ___

Unit ##					
Economic Losses Per Unit					
No.	Type & Description of Economic Damages or Losses	Cause of Economic Damages or Losses	Estimated Dollar Amount of Economic Loss	Method of Calculation of Cost	I Have Documentation
					If yes, type of documentation: _____
3.					Yes ___ No ___ If yes, type of documentation: _____
4.					Yes ___ No ___ If yes, type of documentation: _____
5.					Yes ___ No ___ If yes, type of documentation: _____

Case Name/Number:
Property/Unit:
Plaintiff(s):

Unit ##					
Economic Losses Per Unit					
No.	Type & Description of Economic Damages or Losses	Cause of Economic Damages or Losses	Estimated Dollar Amount of Economic Loss	Method of Calculation of Cost	I Have Documentation
6.					Yes ___ No ___ If yes, type of documentation: _____
7.					Yes ___ No ___ If yes, type of documentation: _____
8.					Yes ___ No ___ If yes, type of documentation: _____
9.					Yes ___ No ___ If yes, type of documentation: _____

Case Name/Number:
 Property/Unit:
 Plaintiff(s):

Unit ##					
Economic Losses Per Unit					
No.	Type & Description of Economic Damages or Losses	Cause of Economic Damages or Losses	Estimated Dollar Amount of Economic Loss	Method of Calculation of Cost	I Have Documentation

10.					Yes ___ No ___ If yes, type of documentation: _____

VERIFICATION:

I(We) have read this Habitability Discovery Matrix – Per Unit form. My(Our) answers to questions on this form are written in handwriting or **Courier Font** in the spaces provided, while the questions on the form appear in **Times New Roman Font**. In order to answer the questions on the form, I(we) have received help from my(our) attorneys of record. To the extent necessary to ensure my(our) understanding of the questions on the form and my(our) answers to those questions, I(we) have used an interpreter fluent in English and my(our) native or primary language. I(we) have read and understand all of the questions and answers stated on this form. I(we) have provided all of the answers in handwriting or **Courier Font** in the spaces provided and hereby declare, under the penalty of perjury of the laws of the State of California, that those answers are true, correct, accurate, and complete answers to the corresponding questions based on my (our) personal knowledge.

Date _____ Name _____

Signature _____

Date _____ Name _____

Signature _____

Date _____ Name _____

Signature _____

Date _____ Name _____

Signature _____

Date _____ Name _____

Signature _____

APPROVED AS TO FORM:

Date:

FIRM NAME

By: _____
Attorneys for Responding Party(ies)