In the Supreme Court of the State of Idaho

IN RE: EVICTION MORATORIUM UNDER THE CARES ACT

AMENDED ORDER

In response to Section 4024 of the Coronavirus Aid, Relief, and Economic Security Act ("CARES Act") effective March 27, 2020, which imposes a 120 day nationwide moratorium on new eviction filings for certain properties covered by the Act, the Court ORDERS the following:

1. The following forms which are attached hereto, are approved and adopted for statewide use and distribution through Court Assistance Offices and on the Court's website:

   Statement of Landlord Regarding CARES Act Eviction Moratorium

   Answer to Complaint- CARES Act

2. The attached forms shall be accepted by courts and clerks. The local court shall not require modification of these forms.
3. For any eviction action initiated between May 4, 2020 and July 25, 2020, every petitioner initiating an eviction proceeding shall file a Statement of Landlord Regarding CARES Act Eviction Moratorium (Statement of the Landlord) form with each Complaint for Eviction filed.
4. For any currently pending eviction action, a Statement of the Landlord must be filed with the court prior to the holding of a hearing in the proceeding.
5. Provision 4.b. of this Court's Emergency Reduction of Court Services Order dated April 22, 2020, which requires that all documents that will be exhibits in remote hearings be filed 72 hours in advance, is not applicable to eviction proceedings.

This order is effective from Monday, May 4th, 2020 until further order of the Court.

DATED this 4th day of May, 2020.

By Order of the Supreme Court

Roger Burdick

Roger S. Burdick, Chief Justice

ATTEST:

Clerk

_____
Full Name of Party Filing Document

_____
Mailing Address (Street or Post Office Box)

_____
City, State and Zip Code

_____
Telephone

_____
Email Address (if any)

IN THE DISTRICT COURT FOR THE _____ JUDICIAL DISTRICT
FOR THE STATE OF IDAHO, IN AND FOR THE COUNTY OF _____

_____, Case No. _____
Plaintiff(s),
vs.

ANSWER TO COMPLAINT
FOR EVICTION - CARES ACT
(EXPEDITED PROCEEDING)

_____, Fee Category: I.1._____
Defendant(s). Filing Fee: $_____

(your name/s) _____, for my/our Answer to the Complaint for Eviction, states:

1. I/we admit the following paragraphs (list each paragraph number):

_____

_____

_____

_____.

2. I/we deny the following paragraphs (list each paragraph number):

_____

_____

_____.

3. I/we deny the following paragraphs because I/we do not have enough information to

admit or deny them (list each paragraph number): _____

_____

_____.

4. I/we deny the portion of paragraph _____, that states: _____

_____

_____

and I/we admit the remaining portion of that paragraph.

5. I/we deny the portion of paragraph _____, that states: _____

_____

_____

and I/we admit the remaining portion of that paragraph.

6. I/we deny everything I/we did not admit.

DEFENSES

☐ 1. I have reason to believe that this property is subject to a moratorium on eviction under Section 4024 of the Coronavirus Aid, Relief, and Economic Security Act (CARES Act) because _____.

a. The case was filed during the 120 day CARES Act moratorium which began on March 27, 2020.
b. This eviction case in violation of the moratorium, which temporarily bars eviction filings for "nonpayment of rent or other fees or charges" or "charge fees, penalties, or other charges to the tenant related to such nonpayment of rent."

☐ 2. Plaintiff(s) knew at the time we entered into the rental agreement that the premises were uninhabitable.

☐ 3. I/we paid all of my/our rent.

☐ 4. A three-day notice was not served upon me/us as required by Idaho Code Sections 6-303 and 6-304.

☐ 5. The Complaint was filed and Summons issued before the end of the three-day notice period in which to pay rent or move.

☐ 6. The three-day notice fails to state the amount of rent owed.

☐ 7. I am being evicted in retaliation for requesting repairs.

☐ 8. I tried to pay rent before the time period of the three-day notice expired and the Plaintiff(s) refused my payment.

RELIEF REQUESTED

Defendant(s) request(s) the following relief:

1. The complaint be dismissed;
2. Defendant(s) be awarded costs;

☐ 3. Other:

_____

_____

_____

CERTIFICATION UNDER PENALTY OF PERJURY

I certify under penalty of perjury pursuant to the law of the State of Idaho that the foregoing is true and correct.

Date: _____

_____ _____

Typed/printed name Signature

CERTIFICATE OF SERVICE

I certify that on (date) _____ I served a copy to: (name all parties in the case other than yourself)

_____
(Name)

_____
(Street or Post Office Address)

_____
(City, State, and Zip Code)

☐ By mail
☐ By fax (number) _____
☐ By personal delivery
☐ Overnight delivery/Fed Ex

_____
(Name)

_____
(Street or Post Office Address)

_____
(City, State, and Zip Code)

☐ By mail
☐ By fax (number) _____
☐ By personal delivery
☐ Overnight delivery/Fed Ex

_____
Typed or printed name

_____
Signature

Full Name of Party Filing Document

Mailing Address (Street or Post Office Box)

City, State and Zip Code

Telephone

Email Address (if any)

IN THE DISTRICT COURT FOR THE _____JUDICIAL DISTRICT
FOR THE STATE OF IDAHO, IN AND FOR THE COUNTY OF_____

_____,
Plaintiff(s),
vs.

_____,
Defendant(s).

Case No. _____

STATEMENT OF LANDLORD REGARDING CARES ACT EVICTION MORATORIUM
FOR EVICTIONS FILED BETWEEN MARCH 27, 2020 AND JULY 25, 2020

I, _____(your name), state the following:

1. I am the Plaintiff in the above title action.
2. I am the landlord, property manager, and/or owner of the following rental property_____

_____

_____ (address of the rental unit).
3. I have a landlord/tenant relationship with tenant(s)_____

_____
4. I submit this Statement with regard to the provisions in Section 4024 of the Coronavirus Aid, Relief, and Economic Security Act ("CARES Act"), which imposes a 120 day nationwide moratorium on new eviction filings for certain properties covered by the Act.
5. The rental property listed above is characterized by or subject to the following (mark all that apply):
   - ☐ Section 8 Housing Choice Voucher program (42 U.S.C. § 1437f)
   - ☐ Section 8 project-based housing (42 U.S.C. § 1437f)

- ☐ Section 202 housing for the elderly (12 U.S.C. § 1701q)
- ☐ Section 811 housing for people with disabilities (42 U.S.C. § 8013)
- ☐ Section 236 multifamily rental housing (12 U.S.C. § 1715z–1)
- ☐ Section 221(d)(3) Below Market Interest Rate (BMIR) housing (12 U.S.C. § 17151(d))
- ☐ HOME (42 U.S.C. § 12741 et seq.);
- ☐ Housing Opportunities for Persons with AIDS (HOPWA) (42 U.S.C. § 12901, et seq.)
- ☐ McKinney-Vento Act homelessness programs (42 U.S.C. § 11360, et seq.)
- ☐ Public housing (42 U.S.C. § 1437d)
- ☐ Section 515 Rural Rental Housing (42 U.S.C. § 1485)
- ☐ Sections 514 and 516 Farm Labor Housing (42 U.S.C. §§ 1484, 1486)
- ☐ Section 533 Housing Preservation Grants (42 U.S.C. § 1490m)
- ☐ Section 538 Multifamily rental housing (42 U.S.C. § 1490p-2)
- ☐ Rural housing voucher program (42 U.S.C. 1490r)
- ☐ Low-Income Housing Tax Credit (LIHTC) (26 U.S.C. § 42)
- ☐ None of the above

6. The rental property listed above is characterized by or subject to the following (mark one):
   - ☐ A federally backed mortgage loan
   - ☐ A federally back multifamily mortgage loan
   - ☐ None of the above
7. The rental property listed above is subject to a “federally backed mortgage loan” owned, insured or guaranteed by (mark all that apply):
   - ☐ Department of Housing and Urban Development (HUD)
   - ☐ Department of Veteran Affairs
   - ☐ Department of Agriculture
   - ☐ Fannie Mae or Freddie Mac
   - ☐ None of the above
8. The rental property listed above is subject to a “federally backed mortgage loan” and has not received a loan forbearance.

CERTIFICATION UNDER PENALTY OF PERJURY

I certify under penalty of perjury pursuant to the law of the State of Idaho that the foregoing is true and correct.

Date: _____

_____ _____

Typed/printed name Signature

CERTIFICATE OF SERVICE

I certify that on (date) _____ I served a copy to: (name all parties in the case other than yourself)

_____
(Name)

_____
(Street or Post Office Address)

_____
(City, State, and Zip Code)

☐ By mail
☐ By fax (number) _____
☐ By personal delivery
☐ Overnight delivery/Fed Ex

_____
(Name)

_____
(Street or Post Office Address)

_____
(City, State, and Zip Code)

☐ By mail
☐ By fax (number) _____
☐ By personal delivery
☐ Overnight delivery/Fed Ex

_____ _____

Typed or printed name Signature