

**INSTRUCTIONS TO THE SHERIFF OF THE COUNTY OF KERN
REQUEST TO RESTORE POSSESSION (EVICTION)**

The Sheriff requires original instructions signed by the attorney of record or the plaintiff if they have no attorney. (CCP 262)
You must submit the original writ plus three copies.

**THIS IS PART OF A TWO PAGE EVICTION INSTRUCTION PACKET.
YOU MUST ALSO COMPLETE THE CIVIL FIELD ENFORCEMENT EVICTION THREAT ASSESSMENT FORM
OR YOUR EVICTION WILL BE DELAYED.**

(PLEASE PRINT EXCEPT FOR SIGNATURE)

Plaintiff vs. _____
Defendant

Court Case Number Levying Officer File Number (if known)

PURSUANT TO THE ATTACHED WRIT OF POSSESSION:

Remove/Evict: _____
Name(s) - All names must match judgment debtors on the writ

From the property at: _____
Address - The complete address must match the writ property address

(City, State, Zip Code)

and place the plaintiff or their agent in quiet and peaceful possession.

The defendants in this case are renters buyers

The Sheriff's Office will contact the person named below and provide the date and time of the eviction. The person must be at the address for the eviction and be able to provide access to the interior of the property for the deputy. Deputies are often in plain clothes and driving unmarked vehicles.

The person to be contacted by telephone during normal business hours:

Name: _____
Daytime Phone Number: _____
Email Address _____

(Signature of attorney or plaintiff without an attorney) (Date)

Printed Name _____

NOTEPer CCP 262, if you have been represented by an attorney during the eviction process, the attorney of record must sign the Sheriff's instructions. If you were not represented by an attorney, you as the plaintiff must sign the instructions. A plaintiff's agent or representative may not sign the Sheriff's instructions unless they are the attorney representing you as described above.

The Sheriff will not cancel any eviction without written and signed instructions from the plaintiff or their attorney. Faxed instructions from the plaintiff or attorney will be sufficient to cancel an eviction; however, we must receive the original letter of cancellation as soon as possible after the faxed letter of cancellation. WE DO NOT ACCEPT PHONE CANCELLATIONS. The Sheriff is entitled to his fee for service whether or not the service is successful (GC 26738); therefore, no refund will be issued without a minimum two-hour notice of cancellation before the eviction date and time. No refunds in an amount of \$10.00 or less (GC 29375.1).



Kern County

SHERIFF

CIVIL FIELD ENFORCEMENT EVICTION THREAT ASSESSMENT FORM THIS FORM MUST BE FILLED OUT COMPLETELY BY ONE WITH KNOWLEDGE OF THE PROPERTY SCHEDULED FOR EVICTION

PLAINTIFF/AGENT INSTRUCTIONS

- The property and individual unit(s) must be clearly marked with property address and unit designation, if applicable.
- Promptly arrive at the scheduled eviction time.
- Provide keys or a means of entry through a normal entry point to the dwelling. If using a locksmith insure they arrive at the scheduled time. Deputies will not enter through a window nor allow you to enter through a window at the start of the eviction.
- If the property requires a gate code or access card provide it when paying your fees for the eviction. Failure to do this may result in a delay or non-service of your eviction.
- Do not enter the property or make contact with anyone at the property before the deputies arrive. It is suggested to park several dwellings away from the property. When the deputies arrive make your presence known and identify yourself to the responding deputies.

THREAT ASSESSMENT

(Circle Your Selection and Fill in Blanks)

Location of Eviction _____ Court Case or File Number _____

This eviction is a result of: FORECLOSURE, FAILURE TO PAY RENT, VIOLATION OF AGREEMENT, or ILLEGAL ACTIVITY. Explain _____

Are the tenants, occupants or visitors involved with drugs, gangs, weapons or violence? YES, NO or UNKNOWN
Explain _____

Have threats been made regarding the eviction? YES, NO or UNKNOWN
Explain _____

Are there dogs on the property? YES, breed(s)/how many _____ NO or UNKNOWN

Are there elderly, bedridden or disabled tenants on the property? YES, NO or UNKNOWN
Explain _____

Are there children on property? YES, Ages _____ NO or UNKNOWN

Are you aware of any dangerous conditions, of any kind, on or around the property? YES, NO or UNKNOWN
If yes, what are those conditions? _____

COMPLETED BY/RELATIONSHIP TO PROPERTY _____

Contact Phone Number _____

****FAILURE TO COMPLETE THIS FORM MAY CAUSE THE SHERIFF TO POSTPONE THE EVICTION****

Reviewing Deputy _____ ILEADS ___ CJIS ___ LOI ___ City RMS _____