



**ORANGE COUNTY SHERIFF'S DEPARTMENT
EVICITION INSTRUCTIONS**



PLAINTIFF: _____ _____ DEFENDANT(S): _____ _____ A key or access code for locked gates or doors is needed for posting eviction notices. Please provide our office with the key or code	COURT CASE NO.: _____ SHERIFF FILE NO.: _____ PREJUDGEMENT CLAIM OF RIGHT TO POSSESSION WAS SERVED WITH THE COMPLAINT YES <input type="checkbox"/> NO <input type="checkbox"/> If the property address is not clearly displayed on the building or curb, the eviction will not take place, and additional fees will be charged.
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FAILURE TO COMPLETE ANY PART OF THE FORM BELOW MAY RESULT IN DELAY OF THE EVICITION TO ALLOW THE SHERIFF TO EVALUATE SAFETY ISSUES FOR ALL PARTIES

To the Orange County Sheriff: Serve Writ of Possession (Sec. 715.010-715.050 C.C.P.) and 5-day notice to vacate. Enforce Writ by removing defendant(s) from premises. Plaintiff to cover all Sheriff's fees, costs and expenses in advance.

Please contact the following person to schedule the eviction.

The contact person should be the actual person who will be meeting the deputy and not a third party.

NAME: _____ Plaintiff or agent must be on site when the eviction is completed.

DAYTIME PHONE NUMBER(S): _____

BUILDING OR GATE CODE NUMBER _____

Location of the premises as named in the Writ of Possession: _____
Address

City

Zip

Print Name

Plaintiff/Plaintiff's Attorney

Signature

Address

City

Zip

SEE PAGE 2 OF THIS FORM FOR ADDITIONAL REQUIRED INFORMATION



**ORANGE COUNTY SHERIFF'S DEPARTMENT
EVICTON INSTRUCTIONS**



EVICTON SAFETY ISSUES

1. Do you know of any illegal activity that *may* be taking place at this address? Please explain _____

2. Do you know of any police contacts at this address? Please explain _____

3. Please provide additional information on any issues that may pose a threat to a safe eviction process. (i.e. firearms or other weapons, surveillance cameras, previous suicide attempts, vicious animals, alarms, and any other hazards) _____

DEFENDANT'S INFORMATION

FULL NAME: _____	FULL NAME: _____
DATE OF BIRTH: _____	DATE OF BIRTH: _____
GENDER: _____	GENDER: _____
RACE: _____	RACE: _____
CDL: _____	CDL: _____
SS#: _____	SS#: _____

Please check the appropriate boxes and explain below:

- | | | | |
|--|--|---|-------------------------------------|
| <input type="checkbox"/> ELDERLY | <input type="checkbox"/> FORECLOSURE | <input type="checkbox"/> HUD HOUSING | <input type="checkbox"/> ANIMALS |
| <input type="checkbox"/> DISABLED | <input type="checkbox"/> MEDICAL PROBLEMS | <input type="checkbox"/> MENTAL ILLNESS | <input type="checkbox"/> ASSAULTIVE |
| <input type="checkbox"/> LANGUAGE SPOKEN _____ | <input type="checkbox"/> CHILDREN (ages) _____ | | |
