

Writ of Possession for Real Property (Eviction)

INSTRUCTIONS TO THE SHERIFF OF SAN BERNARDINO COUNTY
CIVIL ENFORCEMENT DIVISION

157 W. 5th Street, 3rd Floor, San Bernardino, CA 92415-0455 * Phone: (909) 387-5700 Fax: (909) 387-5630
14455 Civic Drive, Suite 400, Victorville, CA 92392 * Phone (760) 243-8756 Fax: (760) 243-8936
(The Sheriff must have written, signed instructions by the attorney for the plaintiff, or the plaintiff if s/he does not have an attorney, in accordance with CCP 262, 687.010.)

THIS INSTRUCTION FORM IS **REQUIRED** FOR ALL EVICTION REQUESTS.
NO OTHER LETTER OF INSTRUCTIONS WILL BE ACCEPTED.

Plaintiff: _____ Court Case #: _____

Defendant(s): _____

Does the writ specify "No Lockout Prior To:"? No Yes Date: _____

Was the property subject to a foreclosure? No Yes

Was the property subject to a bankruptcy proceeding? No Yes Bankruptcy File #: _____

WHAT IS REQUIRED FOR SERVICE?

- Original Writ of Possession for Real Property
- Initial Service Fee: \$125.00 per unit (Separate units must be described in the writ.)
- Provide the requested information below...

SHERIFF OF SAN BERNARDINO COUNTY PLEASE ENFORCE THE WRIT IN THE MANNER PRESCRIBED BY LAW.

1 Please provide a description of the property or a map if necessary.

- Who are we evicting? _____
- What is the full address? _____
- Is there a building code or gate code? No Yes, the code is: _____

IF AN ACCESS CODE IS REQUIRED TO POST THE NOTICE TO VACATE AND IT IS NOT PROVIDED
-OR-
IF THE PROPERTY ADDRESS IS NOT CLEARLY VISIBLE ON THE BUILDING OR THE CURB
THE EVICTION WILL NOT TAKE PLACE and ADDITIONAL FEES WILL APPLY.

You should be at the property no less than **30 minutes prior** to the scheduled eviction/restoration time.

2 Who will be meeting the Sheriff at the time of eviction/restoration?

Name: _____ Contact #: _____

3 To whom should the Sheriff send the letter showing the scheduled time and date of eviction?

Printed Name: _____

Mailing Address: _____

Contact Phone(s): _____

◆ Signature of Plaintiff/Attorney: _____ Date: _____ ◆

SEE PAGE 2 OF THIS FORM FOR ADDITIONAL REQUIRED INFORMATION

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4 Do you know of any illegal activity that may be taking place at this address? No Yes, see below:

5 Do you know of any prior police contact at this address? No Yes, see below:

6 Please provide additional information on any issues that may pose a threat to a safe eviction process:

- Firearms:
- Other weapons:
- Threats made (what threats? to whom?):
- Surveillance cameras:
- Previous suicide attempts:
- Vicious animals (list):
- Alarms:
- Other hazards to our deputies:
- Other (please describe):

7 Please provide each defendant(s)/occupant(s) information (use an additional sheet if necessary):

| | |
|--------------------|--------------------|
| Full Name: | Full Name: |
| Date of Birth/Age: | Date of Birth/Age: |
| Gender: | Gender: |
| Race: | Race: |
| CDL#: | CDL#: |
| SS#: | SS#: |
| Home Phone: | Home Phone: |
| Cell Phone: | Cell Phone: |

8 Please check each box that applies and provide an explanation:

- | | |
|--|---|
| <input type="checkbox"/> Elderly | <input type="checkbox"/> Medical Problems |
| <input type="checkbox"/> Disabled | <input type="checkbox"/> Mental Illness |
| <input type="checkbox"/> Language Spoken | <input type="checkbox"/> Bankruptcy |
| <input type="checkbox"/> Foreclosure | <input type="checkbox"/> Children (ages) |
| <input type="checkbox"/> Assaultive | <input type="checkbox"/> Hoarding |

9 Who completed this form? (Please print)

Name: _____ Phone: _____ Date: _____

FOR OFFICE USE ONLY

Reviewed By: _____ Supervisor Notified: _____