

Writ of Possession for Real Property (Eviction)
INSTRUCTIONS TO THE SHERIFF OF VENTURA COUNTY

Civil Division • 800 S. Victoria Ave. (HOJ Rm. 101) • Ventura • CA • 93009

Phone (805) 654-2391 • Fax (805) 645-1342

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.
The Sheriff is entitled to his fee, whether or not the service is successful, in accordance with GC 26738.

Court Case #: _____

Plaintiff: _____ Defendant: _____

No Lockout prior to: _____

SHERIFF OF VENTURA COUNTY: PLEASE PEACEABLY RESTORE THE BELOW PROPERTY TO ITS RIGHTFUL OWNER.

1 Who are we evicting? _____

What is the address? _____

Street Apt./Suite # City State ZIP

- Is there a building code or gate code? No Yes, the code is: _____
- Is the property a dwelling? Yes No (type of property): _____
- Is this eviction the result of a foreclosure sale on a rental housing unit? [CCP 415.46(e)(2)] Yes No

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 MAY NOT TAKE PLACE and ADDITIONAL FEES MAY APPLY.**

You should be at the property at least 10 minutes prior to the scheduled restoration time.

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

Name: _____ Phone #: _____

3 Who shall the Sheriff call to notify of the time and date of the eviction? (Note: While we will set a time with the plaintiff/plaintiff's agent to execute the eviction, this does NOT give the occupants permission to remain past the time noted on the order of eviction. Do not advise the occupants otherwise.)

Name: _____ Phone #: _____

4 Signature of Plaintiff/Attorney: _____ Date: _____

Printed name of Plaintiff or Attorney: _____

Address: _____

Street Apt./Suite # City State ZIP

Phone #: _____ Fax #: _____

SEE PAGE 2 OF THIS FORM FOR ADDITIONAL REQUIRED INFORMATION

Civil Office Use Only:

Payment: Cash Personal Check# _____ Business Check # _____ CC FW-003 RECD BY: _____

COURT CASE #: _____

5 Do you know of any illegal activity that may be taking place at this address? NO YES - explain:

6 Do you know of any prior police contact at this address? NO YES - explain:

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

- Violent or criminal history: UNK NO YES - explain: _____
- Firearms or other weapons: UNK NO YES - explain: _____
- Gang involvement: UNK NO YES - explain: _____
- Illegal drug use: UNK NO YES - explain: _____
- Threats made: UNK NO YES - explain: _____
- Surveillance cameras: UNK NO YES - explain: _____
- Previous suicide attempts: UNK NO YES - explain: _____
- Vicious animals (list): UNK NO YES - explain: _____
- Alarms: UNK NO YES - explain: _____

8 Please provide the following information for each defendant (use an additional sheet if necessary):

Full Name:	Full Name:
Date of Birth:	Date of Birth:
Gender:	Gender:
Race:	Race:
CDL#:	CDL#:
SS#:	SS#:
Home Phone:	Home Phone:
Cell Phone:	Cell Phone:

9 Please provide any additional information of which you believe deputies should be aware:

- | | |
|---|--|
| <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"/> HUD Housing: _____ |
| <input type="checkbox"/> Foreclosure: _____ | <input type="checkbox"/> Children (ages): _____ |
| <input type="checkbox"/> Assaultive: _____ | <input type="checkbox"/> Animals: _____ |

10 Name of person who provided this information: (Please print)

Name: _____ Phone: _____ Date: _____