

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: _____