

**Writ of Possession for Real Property (Eviction)**

**INSTRUCTIONS TO THE SHERIFF OF SAN BERNARDINO COUNTY  
CIVIL ENFORCEMENT DIVISION**

157 W. 5<sup>th</sup> Street, 3<sup>rd</sup> 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** Please provide the contact information for the attorney or the plaintiff not represented by an attorney.

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: \_\_\_\_\_

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**FOR OFFICE USE ONLY**

Reviewed By: \_\_\_\_\_ Supervisor Notified: \_\_\_\_\_