

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

Civil Division • 7000 Michael Canlis Blvd • French Camp • CA • 95231

Email evictiondesk@sjgov.org • Phone 209.468.4477 • Fax 209.468.5516

(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.

Court Case #: _____ Complaint Filing Date: _____
Plaintiff: _____
Defendant: _____

Is BOX 24(a)(1) checked? NO YES (Was the prejudgment claim of right to possession served per CCP 415.46?)

WHAT IS REQUIRED FOR SERVICE?

- Original Writ of Possession for Real Property
- Initial Service Fee: \$125.00 per address
- Re-Post Only Fee: an additional \$70.00 per address
- Provide the requested information below...

SHERIFF OF SAN JOAQUIN COUNTY: PLEASE PEACIBLY RESTORE THE BELOW PROPERTY TO ITS RIGHTFUL OWNER.

1 Where is the eviction taking place?

- 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.

IF THE PARTY NAMED BELOW
(in ITEM #3) does *not* receive the
**Eviction Information for
Property
Owners/Managers/Counsel**
at least two (2) days before the
eviction date, please contact our
office for the time of the eviction.

Please be at the property no less than 10 minutes prior to the scheduled restoration time.

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

_____ Contact #: _____

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

Printed Name: _____
Mailing Address: _____
Contact Phone(s): _____
Signature of Plaintiff/Attorney: _____

SEE PAGE 2 OF THIS FORM FOR ADDITIONAL REQUIRED INFORMATION

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

Civil Division • 7000 Michael Canlis Blvd • French Camp • CA • 95231

Email evictiondesk@sjgov.org • Phone 209.468.4477 • Fax 209.468.5516

(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.)

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) information (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:	

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

9 Who completed this form? (Please print)

Name: _____ Phone: _____ Date: _____