



ORANGE COUNTY SHERIFF'S DEPARTMENT

SHERIFF-CORONER DON BARNES

EVICITION INSTRUCTIONS

Form with two columns for inputting case details and writ information.

FAILURE TO COMPLETE ANY PART OF THE FORM BELOW MAY RESULT IN DELAY OF THE EVICTION TO ALLOW THE SHERIFF TO EVALUATE SAFETY ISSUES FOR ALL PARTIES.

TO THE ORANGE COUNTY SHERRIF: Serve Writ of Possession (CCP 715.010-715.050) and 5-day notice to vacate. Enforce Writ by removing the defendant(s) from premises. Plaintiff to cover all Sheriff's fees, costs and expenses in advance. Please contact the following person to schedule the eviction. (The contact person must be on site during the eviction.)

Name \_\_\_\_\_ Phone Number(s) \_\_\_\_\_

Location/Description of the property as named on the Writ of Possession:

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ \*\*\* Building or Gate Code \*\*\*

The Sheriff's Department DOES NOT guarantee service. The Sheriff's Department is entitled to its fees whether the service is completed or not. (California Government Code 26738)

X Signature \_\_\_\_\_ Date \_\_\_\_\_

Name of Attorney (Or Party Without Attorney) Requesting Service \_\_\_\_\_

Address \_\_\_\_\_ Email Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ Phone Number \_\_\_\_\_



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## EVICTION INSTRUCTIONS

### EVICTION SAFETY ISSUES

1. Do you know of any illegal activities that may be taking place at this address? Please explain \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
2. Do you know of any police contacts at this address? Please explain \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
3. Please provide additional information on any issues that may pose a threat to a safe eviction process.  
 (ex. firearms or other weapons, surveillance cameras, previous suicide attempts, vicious animals, alarms,  
 and any other hazards) \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

### DEFENDANT'S INFORMATION

Full Name \_\_\_\_\_  
 Date of Birth \_\_\_\_\_  
 Gender \_\_\_\_\_  
 Race \_\_\_\_\_  
 CDL \_\_\_\_\_  
 SS# \_\_\_\_\_

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 Date of Birth \_\_\_\_\_  
 Gender \_\_\_\_\_  
 Race \_\_\_\_\_  
 CDL \_\_\_\_\_  
 SS# \_\_\_\_\_

Please check the appropriate boxes and explain below:

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

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_