



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

Civil Unit • 2200 Fresno St • Fresno • CA • 93721

Phone (559) 600-8230 Fax (559) 488-3377 Web <http://www.fresnosheriff.org/civil>

(Sheriff must have written instructions with an original signature by the Plaintiff, Plaintiff's agent, or Plaintiff's attorney, CCP 262, 687.010.)

**THE INFORMATION ON THIS FORM IS REQUIRED FOR ALL EVICTION REQUESTS. NO OTHER LETTER OR INSTRUCTIONS WILL BE ACCEPTED. FAILURE TO COMPLETE THIS FORM MAY POSTPONE SERVICE.**

**A** FOR SERVICE, YOU MUST PROVIDE THE FOLLOWING

1. Original and 3 copies of Writ of Possession for Real Property;
2. Initial Service Fee of \$125.00 per address;
3. This form, completed by someone with knowledge of requested information, with original signature.

**B** CASE AND PROPERTY INFORMATION (Please print)

4. Court Case Number: \_\_\_\_\_
5. Plaintiff(s): \_\_\_\_\_
6. Defendant(s): \_\_\_\_\_
7. Is Box 24(a)(1) on Writ of Possession checked regarding unnamed/other occupants? ☐ NO ☐ YES
8. Eviction is a result of ☐ Foreclosure ☐ Failure to pay rent ☐ Violation of agreement, or ☐ Illegal activity
9. Full Street address/description of the property from which occupant(s) shall be evicted:  
\_\_\_\_\_

**C** PLAINTIFF/AGENT INSTRUCTIONS

10. If the property requires an access card, provide it when paying your fees for the eviction.
11. The property and individual unit(s) must be clearly marked with property address and unit designation.
12. Promptly arrive at least 10 minutes before the scheduled eviction time.
13. Do not enter the property or make contact with anyone at the property before the deputies arrive.
14. Before the eviction, it is suggested that you park or wait several dwellings away from the property.
15. When the deputies arrive, make your presence known and identify yourself to the deputies.

If an access code or card is required to post the notice to vacate and it is not provided;  
or the property address is not CLEARLY VISIBLE on the building or curb, and/or the unit number is not adequately displayed;  
or the property is not adequately described when necessary:  
**THE EVICTION WILL NOT TAKE PLACE and ADDITIONAL FEES WILL APPLY.**

**D** NOTICE - The person the Sheriff should provide notice of the scheduled time and date of the eviction is:

16. Printed Name: \_\_\_\_\_ Title: \_\_\_\_\_
17. Mailing Address: \_\_\_\_\_
18. Contact Phone(s): \_\_\_\_\_ Email: \_\_\_\_\_
19. Signature of Plaintiff/Agent/Attorney: \_\_\_\_\_

**SEE PAGE 2 OF THIS FORM FOR ADDITIONAL REQUESTED INFORMATION**



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### **E** PROPERTY ACCESS (Please print)

20. Who will meet the Sheriff at time of eviction? \_\_\_\_\_

Office/Home Phone #: \_\_\_\_\_ Cell #: \_\_\_\_\_

21. Is there a building code, gate code, or card? ☐ NO ☐ YES, and the code is: \_\_\_\_\_

22. If not obvious, describe the dwelling property/building and any other structures of importance at the address: \_\_\_\_\_

**IF AVAILABLE, THE FOLLOWING INFORMATION WILL BE IMPORTANT IN ASSESSING POTENTIAL PROBLEMS.  
THIS INFORMATION WILL BE USED FOR LAW ENFORCEMENT PURPOSES ONLY.**

### **F** DEFENDANT INFORMATION - Please provide known information (use an additional sheet if necessary):

	1 <sup>st</sup> Occupant	2 <sup>nd</sup> Occupant	3 <sup>rd</sup> Occupant
23.	Full Name		
24.	Date of Birth		
25.	CDL #		
26.	Home Phone		
27.	Cell Phone		

### **G** POTENTIAL PROBLEMS - To help ensure a safe eviction process for all parties, mark all known or suspected situations at the property, and give an explanation in the space provided below:

- |  |  |
|--|--|
| 28. <input type="checkbox"/> Firearms                              | 37. <input type="checkbox"/> Prior law enforcement contact/action                  |
| 29. <input type="checkbox"/> Other weapons                         | 38. <input type="checkbox"/> Any medical concerns affecting public safety          |
| 30. <input type="checkbox"/> Assaultive/threatening behavior       | 39. <input type="checkbox"/> Language spoken if other than English                 |
| 31. <input type="checkbox"/> Gang activity                         | 40. <input type="checkbox"/> Children (ages)                                       |
| 32. <input type="checkbox"/> Drug activity                         | 41. <input type="checkbox"/> Unusual behavior or actions                           |
| 33. <input type="checkbox"/> Vicious animals (list)                | 42. <input type="checkbox"/> Deaf/Blind  |
| 34. <input type="checkbox"/> Alarms or surveillance cameras        | 43. <input type="checkbox"/> Elderly or infirm with care provider                  |
| 35. <input type="checkbox"/> Criminal activity may be taking place | 44. <input type="checkbox"/> Other foreseeable risks of harm to deputies or public |
| 36. <input type="checkbox"/> Previous suicide attempts             |  |
- \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### **H** REPORTING PARTY - Who completed this form? (Please print)

45. Name: \_\_\_\_\_ ☐ Owner ☐ Agent ☐ Other \_\_\_\_\_

46. Phones: \_\_\_\_\_ Date: \_\_\_\_\_