

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

Civil Division • 800 S. Victoria Ave. (HOJ Rm. 101) • Ventura • CA • 93009

Phone (805) 654-2391 • Fax (805) 645-1342

*****Failure to fill out this form completely could result in a delay in processing this request*****

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.
The Sheriff is entitled to his fee, whether or not the service is successful, in accordance with GC 26738.

Court Case #: _____

Plaintiff: _____ Defendant: _____

NO LOCKOUT PRIOR TO: _____

SHERIFF OF VENTURA COUNTY: PLEASE PEACEABLY RESTORE THE BELOW PROPERTY TO ITS RIGHTFUL OWNER.

1 Who are we evicting? _____

What is the address? _____

Street Apt./Suite # City State ZIP

- Is there a building code or gate code? No Yes, the code is: _____
- Is the property a dwelling? Yes No (type of property): _____
- Is this eviction the result of a foreclosure sale on a rental housing unit? [CCP 415.46(e)(2)] Yes No

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 MAY NOT TAKE PLACE and ADDITIONAL FEES MAY APPLY.**

You should be at the property at least 10 minutes prior to the scheduled restoration time.

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

Name: _____ Direct Phone #: _____

Email address: _____

3 Who shall the Sheriff call to notify of the time and date of the eviction? (Note: While we will set a time with the plaintiff/plaintiff's agent to execute the eviction, this does NOT give the occupants permission to remain past the time noted on the order of eviction. Do not advise the occupants otherwise.)

Name: _____ Phone #: _____

4 Signature of Plaintiff/Attorney: _____ Date: _____

Printed name of Plaintiff or Attorney: _____

Address: _____

Street Apt./Suite # City State ZIP

Phone #: _____ Fax #: _____

SEE PAGE 2 OF THIS FORM FOR ADDITIONAL REQUIRED INFORMATION

Civil Office Use Only:

Payment: Cash Check# _____ Credit/Debit Waiver **Mail** **Counter** RECD BY: _____

EVICTON THREAT ASSESSMENT FORM

THIS FORM MUST BE FILLED OUT COMPLETELY BY AN INDIVIDUAL WITH ACTUAL KNOWLEDGE OF THE PROPERTY SCHEDULED FOR EVICTION.

PLAINTIFF/AGENT INSTRUCTIONS

- The property and individual unit(s) must be clearly marked with property address and unit designation, if applicable.
- You should be at the property at least 10 minutes prior to the scheduled restoration time.
- Provide keys or a means of entry through a normal entry point to the dwelling. If using a locksmith ensure they arrive at the scheduled time. Deputies **WILL NOT** enter through a window nor allow you to enter through a window at the start of the eviction.
- If the property requires a gate code or access card, you must provide it with your instructions. Failure to do this may result in a delay or unsuccessful eviction.
- **DO NOT** enter the property or make contact with anyone at the property before the deputies arrive. Park several dwellings away from the property on day of eviction. When the deputies arrive, make your presence known and identify yourself.
- **DO NOT DISCLOSE EVICTION DATE/TIME TO TENANT.**

****FAILURE TO COMPLETE THIS FORM MAY CAUSE THE SHERIFF TO POSTPONE THE EVICTION****

Please complete all areas of the form below.

Eviction Address: _____ Court Case Number: _____

The eviction is a result of:

FORECLOSURE FAILURE TO PAY RENT VIOLATION OF AGREEMENT ILLEGAL ACTIVITY

Are the tenants, occupants, or visitors involved with any of the following: WEAPONS GANGS DRUGS VIOLENCE

Explain: _____

Have threats been made regarding the evictions? YES NO

Explain: _____

Are there dogs on the property? YES breed? _____ how many? _____ NO Unknown

Are there elderly, bedridden, or disabled tenants on the property? YES NO UNKNOWN

If yes, what are those conditions? _____

Are there children on property? YES, ages _____ NO

Are you aware of any dangerous conditions on or around the property? YES NO

If yes, what are those conditions? _____

Please provide the following information for each defendant (use an additional sheet if necessary):

Full Name:	Full Name:
Date of Birth or approximate age:	Date of Birth or approximate age:
CDL#:	CDL#:
Home/Cell Phone:	Home/Cell Phone:

YOUR NAME: _____ Email address: _____

Relationship to the Property: _____ Phone Number: _____

Reviewing Staff _____ ILEADS CJIS LOI City RMS