



# Writ of Possession - Real Property (Eviction)

## Instructions to the Sheriff of San Joaquin County

NORMAL HOURS FOR SERVICE ARE MONDAY – FRIDAY, 8:00 A.M. TO 5:00 P.M.

Patrick Withrow, Sheriff-Coroner

7000 Michael Canlis Blvd., French Camp, CA 95231

THIS INSTRUCTION FORM IS **REQUIRED** FOR ALL EVICTION REQUESTS.  
NO OTHER LETTER OF INSTRUCTIONS WILL BE ACCEPTED

The Sheriff must have written, signed instructions by the Plaintiff representing him/herself or the Attorney of Record in accordance with California Civil Procedure Code 262.

(Please Type or Print Legibly)

Court Case # \_\_\_\_\_

Sheriff's File # \_\_\_\_\_

*(Assigned after service is opened)*

VS

Plaintiff/Petitioner

Defendant/Respondent

Was the property subject to a Foreclosure? [ ] NO [ ] Yes

Was the property subject to a Bankruptcy proceeding? [ ] NO [ ] Yes

Was the Prejudgment Claim of Right to Possession served in compliance with CCP 415.46? [ ] NO [ ] Yes

### WHAT IS REQUIRED FOR SERVICE?

- Original Writ of Possession for Real Property
- Original Signed Instructions
- Property Damage Waiver
- Initial Service Fee: \$145.00 per unit *(Separate units must be described in the writ)*
- Re-Post fee: an additional \$80.00

**TO THE SHERIFF OF SAN JOAQUIN COUNTY:** Please remove the occupants from the premises described below in the manner prescribed by law and peaceably restore the below property to its rightful owner. (The enforcement of a writ of possession of real property is governed by Section 715.020 of the Code of Civil Procedure.).

**1. Please provide a description of the property or a map if necessary.**

a. What is the legal Eviction Address? \_\_\_\_\_

b. Are you evicting **ONLY** from a Room? [ ] NO [ ] Yes / Room # \_\_\_\_\_

c. Is there an Access/Gate code or key card required to gain entry? [ ] NO [ ] Yes, the code is: \_\_\_\_\_

**\*\* Required Information \*\***

Full Name:	Full Name:	Full Name:
DOB / Age Range:	DOB / Age Range:	DOB / Age Range:
Gender:	Gender:	Gender:
Race:	Race:	Race:

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

a. Name: \_\_\_\_\_ Contact # \_\_\_\_\_

**EMAIL ADDRESS:** \_\_\_\_\_

The scheduled restoration time will be provided via email no later than the Friday prior to your lockout date. You should be at the property no less than **10 minutes prior** to the scheduled restoration time.

1. This eviction is a result of: (circle one) FORECLOSURE, FAILURE TO PAY RENT, VIOLATION OF AGREEMENT OR ILLEGAL ACTIVITY. Please explain: \_\_\_\_\_
2. Are the tenants, occupants or visitors involved with DRUGS or GANGS?  NO  Yes, see below: \_\_\_\_\_
3. Do the tenants, occupants or visitors OWN or POSSESS WEAPONS?  NO  Yes, see below: \_\_\_\_\_
4. Have the tenants, occupants or visitors been VIOLENT or made any THREATS towards you, Law Enforcement or anyone else regarding this eviction?  NO  Yes, see below: \_\_\_\_\_
5. Are there any SECURITY CAMERAS on the property?  NO  Yes, see below: \_\_\_\_\_
6. Are there DOGS on the property?  NO  Yes, see below:  
How many \_\_\_\_\_ Size(s) \_\_\_\_\_ Breed(s) \_\_\_\_\_
7. Are there ELDERLY, BED RIDDEN or DISABLED tenants on the property?  NO  Yes, see below: \_\_\_\_\_
8. Are there CHILDREN on the property?  NO  Yes, How Many \_\_\_\_\_ Approximate age(s) \_\_\_\_\_
9. Is this a GROUP HOME?  NO  Yes, How Many \_\_\_\_\_
10. Do you know of any PRIOR POLICE CONTACT at this address?  NO  Yes, see below: \_\_\_\_\_
11. Are you aware of any DANGEROUS CONDITIONS / ILLEGAL ACTIVITY on or around the property?  NO  Yes, see below: \_\_\_\_\_

**NOTICE: ALL COMMUNICATION, REFUNDS AND COLLECTIONS WILL BE MADE TO THE NAME AND ADDRESS LISTED BELOW**

**(NO REFUNDS AFTER PROCESSING)**

DATE: \_\_\_\_\_

MAILING ADDRESS \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

BUSINESS NAME if applicable. \_\_\_\_\_

Telephone number where you may be reached (between 8 a.m. & 5 p.m.) \_\_\_\_\_

Printed name of party requesting service  
Plaintiff representing him/herself or the Attorney of Record (CCP 262)

ADDRESS/PHONE IS NOT ON ORDER and IS CONFIDENTIAL

Signature of party requesting service  
Plaintiff representing him/herself or the Attorney of Record (CCP 262)

**\*\* EVICTION WILL NOT BE COMPLETED IF YOU ENTER THE PREMISES BEFORE THE DEPUTY ARRIVES \*\***

THE SHERIFF WILL NOT CANCEL ANY EVICTION WITHOUT WRITTEN AND SIGNED INSTRUCTIONS FROM THE PLAINTIFF'S ATTORNEY OR PLAINTIFF (if Pro Per). FAXED INSTRUCTIONS FROM THE PLAINTIFF'S ATTORNEY OR PLAINTIFF (if Pro Per) WILL BE SUFFICIENT TO CANCEL AN EVICTION. WE DO NOT ACCEPT PHONE CANCELLATIONS.

NOTE: THE SHERIFF IS ENTITLED TO HIS FEE FOR SERVICE, WHETHER OR NOT THE SERVICE IS SUCCESSFUL. (GOVT CODE 26738)

FOR OFFICE USE ONLY

Date: \_\_\_\_\_ Time: \_\_\_\_\_ Initials: \_\_\_\_\_  counter  mail  cash  check # \_\_\_\_\_  credit/debit  waiver



# Property Damage Waiver – Release of Liability

## Instructions to the Sheriff of San Joaquin County

DATE: \_\_\_\_\_

PROPERTY ADDRESS: \_\_\_\_\_

COURT CASE NUMBER: \_\_\_\_\_

I am the Plaintiff or Plaintiff's agent in the above referenced case. I am authorized to act on behalf of the Plaintiff in this matter. Plaintiff acknowledges that *it may* be necessary during the eviction for the San Joaquin County Sheriff's Department to force entry into the above referenced property. Plaintiff further acknowledges that during the eviction, if forced entry is necessary, some property damage may occur as a result. Plaintiff will not hold the San Joaquin County Sheriff's Department, the County of San Joaquin, or any employee of the County of San Joaquin liable for any property damages.

Plaintiff hereby waives and releases any and all rights, claims, or future causes of action for property damage against the County of San Joaquin, the San Joaquin County Sheriff's Department; its elected or appointed officials, officers, or employees as a result of the forced entry into the above referenced property.

I have carefully read this waiver and release of liability, fully understand its content, and have freely and voluntarily signed this document.

\_\_\_\_\_  
PRINT NAME

\_\_\_\_\_  
SIGNATURE