



Writ of Possession - Real Property (Eviction) Instructions to the Sheriff of Stanislaus County

NORMAL HOURS FOR SERVICE ARE MONDAY – FRIDAY, 8:00 A.M. TO 4:00 P.M.

Jeff Dirkse, Sheriff-Coroner

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. (El Alguacil debera tener las instrucciones firmadas y en escrito por el Demandante representandose a si mismo(a) u al Abogado registrado de acuerdo al Proceso civil de California codigo 262.)

(Please Type or Print Legibly) (Por favor escriba a maquina o escriba en molde legiblemente)

Court Case # _____
(Numero del Caso Judicial)

Sheriff's File # _____
(Numero de Archivo del Departamento del Sheriff)

Plaintiff/Petitioner (Demandante/Demandador)

vs

Defendant/Respondent (Acusado/Demandado)

Does the Writ specify "No Lockout Prior To:"? [] NO [] Yes Date: _____
Was the property subject to a foreclosure? [] NO [] Yes
Was the property subject to a bankruptcy proceeding? [] NO [] Yes Bankruptcy File #: _____
Was the Prejudgment Claim of Right to Possession served in compliance with CCP 415.46? [] NO [X] 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) or
- Re-Post fee: an additional \$100.00
- Provide the requested information below:

TO THE SHERIFF OF STANISLAUS 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.

- Who are we evicting? _____
- What is the Full address? _____
- Is there a Access/Gate code or key card required to gain entry? [] NO [] Yes, the code is: _____

IF AN ACCESS/GATE CODE IS REQUIRED TO POST THE NOTICE TO VACATE AND IT IS NOT PROVIDED
-OR-
IF THE PROPERTY ADDRESS AND/OR UNIT IS NOT CLEARLY VISIBLE ON THE BUILDING OR THE CURB
THE EVICTION WILL NOT TAKE PLACE and ADDITIONAL FEES WILL APPLY.

2. Who will be meeting the Sheriff at the time of eviction/restoration? EMAIL: _____

- Name: _____ Contact # _____ Fax # _____

You should be at the property no less than **10 minutes prior** to the scheduled restoration time. The scheduled restoration time will be provided to the above listed individual either by fax or phone after posting of the Notice to Vacate. An updated threat assessment is required prior to restoration or the eviction will be cancelled.

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. Do you know of any ILLEGAL ACTIVITY that may be taking place at this address? [] NO [] Yes, see below: _____
6. Are there any SECURITY CAMERAS on the property? [] NO [] Yes, see below: _____
7. Are there DOGS on the property? [] NO [] Yes, see below:
How many _____ Size(s) _____ Breed(s) _____
8. Are there ELDERLY, BED RIDDEN or DISABLED tenants on the property? [] NO [] Yes, see below: _____
9. Are there CHILDREN on the property? [] NO [] Yes, How Many _____ Approximate age(s) _____
10. Do you know of any PRIOR POLICE CONTACT at this address? [] NO [] Yes, see below: _____
11. Are you aware of any DANGEROUS CONDITIONS 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.

DATE: _____
(Fecha)

1300 H STREET, SUITE 300, MODESTO, CA 95354

MAILING ADDRESS City State Zip Code
(Direccion del correo) (Ciudad, Estado y Codigo Postal)

(209) 529-8778

Telephone number where you may be reached (between 8 a.m. & 5 p.m.)
(Numero de telefono donde usted puede ser localizado(a) (Entre las 8 AM y las 5PM))

LAW OFFICES OF ANTHONY DREW ROWE

BUSINESS NAME if applicable.

ANTHONY DREW ROWE

Printed name of party requesting service
Plaintiff representing him/herself or the Attorney of Record (CCP 262)
(Nombre escrito en molde del partido quien solicita entrega de la notificacion)

[] 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)
(Firma del partido quien solicita entrega de la notificacion)

(NO REFUNDS AFTER PROCESSING)

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) THE LAW ALLOWS THE SERVICE OF PROCESS BETWEEN THE HOURS OF 6:00 A.M. AND 10:00 P.M. (NOTA: EL SHERIFF TIENE EL DERECHO DE COBRAR HONORARIOS POR SU SERVICIO, AUNQUE CUYO SERVICIO NO TUVO BUENOS RESULTADOS. (GOVT CODIGO 26738) LA LEY PERMITE PROCEDIMIENTO DE SERVICIO DURANTE LOS HORAS DE LAS 6:00 AM Y LAS 10:00 PM.)

FOR OFFICE USE ONLY

Date: _____ Time: _____ Initials: _____ counter mail cash check waiver other _____