



INSTRUCTIONS TO THE SHERIFF COUNTY OF SANTA CRUZ



Rec'd by _____

(Writ Possession – Real Property)

_____ vs. _____
Plaintiff Defendant

Issuing Court: Santa Cruz Superior Court Watsonville Court Other Court _____

Court Case No. _____

REQUEST TO RESTORE POSSESSION OF REAL PROPERTY (715.020 C.C.P.)

Please enforce the writ by removing the occupants from the premises described below in the manner prescribed by law and place the plaintiff or their agent in lawful possession.

1. Address of premises: _____
Street address (include apt. no. , unit designation, etc.)
_____, California _____
City Zip code

Provide detailed directions if address is difficult to find (also are there locked/coded gates?):

2. List the names of the judgment debtors (as shown on the writ - are they elderly or bedridden?):

3. Include judgment debtor's last known address (if different than shown on writ):

4. Is this an eviction the result of a foreclosure sale on a rental housing unit? CCP 415.46(e)(2) Yes No

5. Officer Safety Items: Are you aware of any of the following officer safety concerns in regards to the person being served?

| | | |
|------------------------------|---|--|
| Drugs or Alcohol | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown | Specify: <input type="checkbox"/> Drugs <input type="checkbox"/> Alcohol <input type="checkbox"/> Both |
| Mental Health | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown | |
| Criminal History | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown | |
| Gang Member/Parole/Probation | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown | Specify: <input type="checkbox"/> Gang member <input type="checkbox"/> Parole/Probation |
| Weapons | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown | Specify: <input type="checkbox"/> Guns <input type="checkbox"/> Knives <input type="checkbox"/> Other |
| Violent | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown | |
| Military/Security Experience | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown | Specify: <input type="checkbox"/> Military <input type="checkbox"/> Security |
| Dogs | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown | Specify: |
| Security Cameras or Alarms | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown | Specify: <input type="checkbox"/> Cameras <input type="checkbox"/> Alarms |
| Other: | | |

Special Instructions: _____

6. For the purpose of scheduling the eviction, the plaintiff or plaintiff's agent can be contacted by telephone during normal business hours at the following telephone numbers (via collect call if necessary):

Plaintiff's or plaintiff's agent: _____

Daytime phone no.: _____

Phone No. _____

Print name of attorney or plaintiff without an attorney

Address of attorney or plaintiff without an attorney

City, State, Zip Code

Signature of attorney or plaintiff without an attorney

Date