



Rec'd by: _____



LEVY INSTRUCTIONS TO THE SHERIFF OF SANTA CRUZ COUNTY

(For levy under Writ of Attachment, please contact the Sheriff's Civil Division for additional requirements)

Plaintiff vs. _____
Defendant

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

Court Case No.: _____

To the Sheriff, you are instructed to execute a: (One levy per instruction ONLY):

BANK LEVY

Levy is for any and all accounts of the Judgment Debtor(s).

Including, but not limited to account(s): _____

Levy is to be limited to account(s): _____

THIRD PARTY LEVY

Levy is for all funds owed to Judgment Debtor(s) by Third Party.

Levy is to be limited to: _____

RENT LEVY Service will be made on any **Tenant in Possession**. Complete Special Instructions Below

VERBAL DEMAND LEVY (UPON DEBTOR) (The Sheriff is directed to make verbal demand upon the debtor for immediate turnover of)

Any or all cash in the possession of the debtor.

The property listed in **Special Instructions** below.

PERSONAL PROPERTY LEVY (The Sheriff is directed to **levy and sell** the debtor's personal property listed in **Special Instructions** below)
Address where personal property is located: (Property must be in a public place or a separate "Break-in" order issued by the court is required)

KEEPER-CASH ONLY (Levy on all cash and cash equivalent of a going business by placing a keeper in the business for the specified time period)

KEEPER-CASH AND TANGIBLE PERSONAL PROPERTY (Levy on all cash and cash equivalent of a going business AND seize and sell the below described personal property of the going business listed in the **Special Instructions** below.) **(Requires a minimum fee deposit of \$1,500 pending further quotation)**

Keeper is to be installed for 8, 12, 24 hours **each day** (excluding weekends) for: _____ day(s)

Name(s) of Judgment Debtor(s) whose property is subject to this levy (Include the debtor's social security number, if known/applicable):

SERVE LEVY UPON: _____

Address: _____

City: _____ State: CA Zip: _____

Special Instructions: _____

Name of Attorney (or party without attorney requesting service): _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: () _____ Fax: () _____ Email: _____

Signature: _____ Date: _____