

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

Civil Section • 140 Tony Diaz Drive • Woodland • CA • 95776

Email civil@yolocounty.org • Phone (530) 668-5275 • Fax (530) 668-5238

(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.)

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

Court Case #: _____ Complaint Filing Date: _____

Plaintiff: _____

Defendant: _____

WHAT IS REQUIRED FOR SERVICE?

- Original Writ of Possession for Real Property
- Initial Service Fee: \$145.00 per address
- Re-Post Only Fee: an additional \$80.00 per address
- Provide the requested information below...

1 Is this an eviction the result of a foreclosure sale on a rental housing unit? *CCP 415.46(e)(2)* YES NO

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

2 Where is the eviction taking place:

- Who are we evicting? _____
- What is the full address? _____
- Is there a building code or gate code?* No Yes, the code is: _____

***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 OR MARKED
ON THE BUILDING OR THE CURB**

THE EVICTION WILL NOT TAKE PLACE and ADDITIONAL FEES WILL APPLY.

**THE PARTY NAMED BELOW
(in ITEM #3) will receive a
phone call the day before
the eviction to a schedule an
eviction time.**

Please be at the property no less than 10 minutes prior to the scheduled restoration time.

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

_____ Contact #: _____

4 To whom should the Sheriff send the letter showing the scheduled time and date of the eviction?

Printed Name: _____

Mailing Address: _____

Contact Phone(s): _____

Signature of Attorney (or Plaintiff *if no Attorney*): _____

Printed Name of Attorney (if applicable): _____

SEE PAGE 2 OF THIS FORM FOR ADDITIONAL REQUIRED INFORMATION

RECEIVED BY: _____

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5 Do you know of any illegal activity that may be taking place at this address? No Yes, see below:

6 Do you know of any prior police contact at this address? No Yes, see below:

7 Please provide additional information on any issues that may pose a threat to a safe eviction process:

- Firearms or other weapons: _____
- Threats made (what threats? to whom?): _____
- Surveillance cameras: _____
- Previous suicide attempts: _____
- Vicious animals (list): _____
- Alarms: _____
- Other hazards to our deputies: _____
- Other (please describe): _____

8 Please provide each defendant(s) information (use an additional sheet if necessary):

Full Name*:		Full Name*:	
Date of Birth*:		Date of Birth*:	
Gender*:		Gender*:	
Race*:		Race*:	
CDL#:		CDL#:	
SS#:		SS#:	
Home Phone:		Home Phone:	
Cell Phone:		Cell Phone:	

*** These items are REQUIRED. Instructions without this information are subject to rejection. APPROXIMATE AGE is acceptable if DATE OF BIRTH IS UNKNOWN.**

9 Please check each box that applies and provide an explanation:

- | | |
|---|---|
| Elderly <input type="checkbox"/> Yes <input type="checkbox"/> No _____ | Medical problems..... <input type="checkbox"/> Yes <input type="checkbox"/> No _____ |
| Disabled <input type="checkbox"/> Yes <input type="checkbox"/> No _____ | Mental illness <input type="checkbox"/> Yes <input type="checkbox"/> No _____ |
| Language spoken <input type="checkbox"/> Yes <input type="checkbox"/> No _____ | HUD Housing <input type="checkbox"/> Yes <input type="checkbox"/> No _____ |
| Foreclosure <input type="checkbox"/> Yes <input type="checkbox"/> No _____ | Children (list ages) <input type="checkbox"/> Yes <input type="checkbox"/> No _____ |
| Assaultive <input type="checkbox"/> Yes <input type="checkbox"/> No _____ | Animals (describe) <input type="checkbox"/> Yes <input type="checkbox"/> No _____ |

10 Who completed this form? (Please print)

Name: _____ Phone: _____ Date: _____