



ORANGE COUNTY SHERIFF'S DEPARTMENT

SHERIFF-CORONER DON BARNES

EVICTON INSTRUCTIONS

Form with two columns for party information, writ details, and property information.

FAILURE TO COMPLETE ANY PART OF THE FORM BELOW MAY RESULT IN DELAY OF THE EVICTION TO ALLOW THE SHERIFF TO EVALUATE SAFETY ISSUES FOR ALL PARTIES.

TO THE ORANGE COUNTY SHERRIF: Serve Writ of Possession (CCP 715.010-715.050) and 5-day notice to vacate. Enforce Writ by removing the defendant(s) from premises. Plaintiff to cover all Sheriff's fees, costs and expenses in advance. Please contact the following person to schedule the eviction. (The contact person must be on site during the eviction.)

Name \_\_\_\_\_ Phone Number(s) \_\_\_\_\_

Location/Description of the property as named on the Writ of Possession:

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ \*\*\* Building or Gate Code \*\*\*

X Signature \_\_\_\_\_ Date \_\_\_\_\_

Printed Name of Plaintiff (in pro per) or Plaintiff's Attorney \_\_\_\_\_

Address \_\_\_\_\_ Email Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ Phone Number \_\_\_\_\_

SEE PAGE 2 OF THIS FORM FOR ADDITIONAL REQUIRED INFORMATION.



# EVICTION INSTRUCTIONS

## EVICTION SAFETY ISSUES

1. Do you know of any illegal activities that may be taking place at this address? Please explain \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
2. Do you know of any police contacts at this address? Please explain \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
3. Please provide additional information on any issues that may pose a threat to a safe eviction process.  
(ex. firearms or other weapons, surveillance cameras, previous suicide attempts, vicious animals, alarms,  
and any other hazards) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## DEFENDANT'S INFORMATION

Full Name _____	Full Name _____
Date of Birth _____	Date of Birth _____
Gender _____	Gender _____
Race _____	Race _____
CDL _____	CDL _____
SS# _____	SS# _____

Please check the appropriate boxes and explain below:

- |  |  |   |                                     |
|--|--|---|-------------------------------------|
| <input type="checkbox"/> Elderly               | <input type="checkbox"/> Foreclosure           | <input type="checkbox"/> HUD Housing    | <input type="checkbox"/> Animals    |
| <input type="checkbox"/> Disabled              | <input type="checkbox"/> Medical Problems      | <input type="checkbox"/> Mental Illness | <input type="checkbox"/> Assaultive |
| <input type="checkbox"/> Language Spoken _____ | <input type="checkbox"/> Children (ages) _____ |   |                                     |

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_