

(Writ of Possession - Real Property)
INSTRUCTIONS TO THE SHERIFF OF THE COUNTY OF NAPA

1535 AIRPORT BLVD
NAPA, CA 94558
(707) 253-4325 • FAX (707) 259-8177
www.napasheriff.ca.gov

The Sheriff must have original written, signed, instructions by the attorney for the creditor, or the creditor if he/she has no attorney in accordance with CCP §262; 687.010.

**** Failure to fill out this form completely could result in a delay in processing this request.****

Plaintiff VS Defendant

Court Case Number

REQUEST TO RESTORE POSSESSION OF REAL PROPERTY

Please enforce the writ by removing the occupants from the premises described below in the manner prescribed by law and by placing the plaintiff or his/her agent in lawful possession. (The enforcement of a Writ of Possession of Real Property is governed by CCP §715.020)

1. Premises-address _____
Street address (include apartment/suite/unit number) *****Gate Code Number*****
_____, CA _____
City Zip Code

Additional premises description (Color, front unit, back unit etc.)

2. List the names of the judgment debtors (as shown on the writ. Include D.O.B. or approximate age if known):

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

4. Are the tenants/occupants/visitors involved with drugs, gangs, weapons, or violence? **(Explain)**

5. Have threats been made regarding the eviction? **(Explain)**

6. Are there any dogs or other animals on the property? **(Explain)**

7. Are there elderly or bedridden tenants on the property? (circle one) YES NO

8. Are there children on the property? (circle one) YES NO

9. Are you aware of any dangerous conditions on or near the property? (Explain)

10. For the purpose of scheduling the eviction, the plaintiff or plaintiff's agent (**must be at least 18 years of age**) can be contacted by telephone during normal business hours at the following telephone numbers:

Plaintiff or plaintiff's agent (Name): _____

Daytime phone number(s) for contact: () _____ Ext. _____

11. Is this eviction resulting from a foreclosure sale of a rental housing unit? (circle one)

YES NO

NOTE: Pursuant to California Code of Civil Procedure Section 415.46, a tenant of property that was the subject of a foreclosure action may have additional remedies in eviction proceedings. Falsely misrepresenting whether this eviction is resulting from foreclosure may subject you to civil and/or criminal liability for fraud.

PLAINTIFF/AGENT INSTRUCTIONS

- **Provide the original writ, and four copies, together with appropriate fees-\$145.**
- The property and individual unit(s) must be clearly marked with property address and unit numbers/letters.
- The plaintiff or his/her agent must be present at the address for the eviction. Promptly arrive at the scheduled eviction time.
- Provide keys or a means of entry through a normal entry door to the dwelling. If using a locksmith, insure they arrive at the scheduled eviction time. Deputies will not enter through a window nor allow you to enter through a window at the start of the eviction. Forcible entry to the premises will not be made without a signed waiver of liability for damage.
- If the property requires a gate code or access card, it must be provided at the time of your request. Failure to do so may result in a delay or non-service of the eviction.
- Do not enter the property or make contact with anyone on the property before the deputies arrive. You should park several dwellings away from the eviction property. When the deputies arrive, you must make your presence known to them.
- If the occupants vacate the premises prior to the eviction and you wish to cancel the formal lockout procedure, we will accept cancellations by fax. Cancellations by telephone will require subsequent written/signed instructions to cancel. **All cancellations must be made at least 24 hours in advance.**

Signature of attorney (or plaintiff without an attorney)

Date

Print name of signor (include title if signing on behalf of a business entity)

Address of attorney (or plaintiff without an attorney) Number, Street, City, State, and Zip Code

Telephone Number

Cell Number

Email Address

Fax Number

For Official Use Only

Payment type: _____

Received by: _____

Check # _____

Amount: _____