



**SAN BERNARDINO COUNTY SHERIFF'S
DEPARTMENT
COURT SERVICES DIVISION
WRIT OF POSSESSION FOR REAL
PROPERTY
(EVICTION)**



John McMahon, Sheriff

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

Plaintiff: _____ Court Case _____
Defendant(s): _____
Does the writ specify "No Lockout Prior To:"? ☐ No ☐ Yes Date: _____
Was the property subject to a foreclosure? ☐ No ☐ Yes
Was the property subject to a bankruptcy proceeding? ☐ No ☐ Yes Bankruptcy File _____

WHAT IS REQUIRED FOR SERVICE?

- Original Writ of Possession for Real Property
- Initial Service Fee: \$145.00 per unit (Separate units must be described in the writ.)

SHERIFF OF SAN BERNARDINO COUNTY PLEASE ENFORCE THE WRIT IN THE MANNER PRESCRIBED BY LAW.

1 Please provide a description of the property or a map if necessary.

- Who are we evicting? _____
- What is the full address? _____
- Is there a building code or gate code? ☐ No ☐ Yes, the code _____
- Are we evicting just a room? ☐ No ☐ Yes

**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 ON THE BUILDING OR THE CURB
*THE EVICTION WILL NOT TAKE PLACE and ADDITIONAL FEES WILL APPLY.***

You should be at the property no less than 30 minutes prior to the scheduled eviction/restoration time.

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

Name: _____ Contact #: _____

3 Please provide the contact information for the attorney or the plaintiff not represented by an attorney.

Printed Name: _____
Mailing Address: _____
Contact Phone(s): _____
Plaintiff or Attorney signature _____ Date: _____

*****FOR FIELD USE ONLY*****

I authorize a forced entry into the premises. I understand this procedure may cause property damage for which I will not hold the Sheriff's Department or any employees thereof liable.

◆ Plaintiff or Attorney signature: _____ Date: _____ ◆

SEE PAGE 2 OF THIS FORM FOR ADDITIONAL REQUIRED INFORMATION

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

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

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

- Firearms:
- 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):

7 Please provide each defendant(s)/occupant(s) information (use an additional sheet if necessary):

Full Name:

Date of Birth/Age:

Gender:

Race:

CDL#:

SS#:

Home Phone:

Cell Phone:

Full Name:

Date of Birth/Age:

Gender:

Race:

CDL#:

SS#:

Home Phone:

Cell Phone:

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

☐ Elderly

☐ Disabled

☐ Language Spoken

☐ Foreclosure

☐ Assaultive

☐ Medical Problems

☐ Mental Illness

☐ Bankruptcy

☐ Children (ages)

☐ Hoarding

9 Who completed this form? (Please print)

Name: _____ Phone: _____ Date: _____