



**SAN BERNARDINO COUNTY SHERIFF'S DEPARTMENT  
INSTRUCTIONS TO THE SHERIFF  
BANK / THIRD PARTY LEVY**



NORMAL HOURS FOR SERVICE ARE MONDAY – FRIDAY, 6:30 A.M. TO 3:30 P.M.

**Shannon D. Dicus, Sheriff**

\_\_\_\_\_ vs \_\_\_\_\_  
**Court Case Number                      Plaintiff/Petitioner                      Defendant/Respondent**

**TO THE SHERIFF OF SAN BERNARDINO COUNTY BY THE AUTHORITY OF THE ACCOMPANYING WRIT.**

**WHAT TYPE OF LEVY DO YOU WANT PERFORMED?**

- Bank Levy**
- Third Party Levy**
- Book Levy**
- Other** SSSSSSSSSSSSSS \_\_\_\_\_

**WHAT TYPE OF WRIT DO YOU HAVE?**

- Writ of Execution (Money Judgment) (EJ-130)** Methods of Levy CCP 700.010-700.200
- Writ of Attachment (AT-135)**  
Methods of Levy CCP 488.300-488.485. Also include:  
**Right to Attach Order and Undertaking**, if one was ordered.

Name of Financial Institution / Third Party: \_\_\_\_\_  
 Address of Financial Institution / Third Party: \_\_\_\_\_  
 Account No(s). If known / Property Description: \_\_\_\_\_

Type of Bank Accounts      Personal/Business Checking      Savings      Money Market      Other \_\_\_\_\_

If the bank account or safe deposit account stands in the name of a person other than the defendant, either alone or together with other third persons, provide the names and addresses of the third persons(s):

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

Does the Sheriff currently hold an existing writ?      Yes      No

If yes, what type of levy was performed on the existing writ? \_\_\_\_\_

Name(s) of the Judgment Debtor(s) and last known address whose property is subject to this levy. The names listed below must match the names exactly as they appear on lines 4 and 21 of the writ or the Sheriff will not act upon your instructions.

Name \_\_\_\_\_ SSN: \_\_\_\_\_

Address \_\_\_\_\_

Name \_\_\_\_\_ SSN: \_\_\_\_\_

Address \_\_\_\_\_

*If there are additional judgment debtors, list them here.*

Name \_\_\_\_\_ SSN: \_\_\_\_\_

Address \_\_\_\_\_

Name \_\_\_\_\_ SSN: \_\_\_\_\_

Address \_\_\_\_\_

**Enclosures:** Check all that apply (**Must be filed with the court**)

Affidavit of identity      Spousal affidavit      Unexpired certified copy of a fictitious business name statement

Other: \_\_\_\_\_

**NOTICE: ALL COMMUNICATION, REFUNDS AND COLLECTIONS WILL BE MADE TO THE NAME AND ADDRESS LISTED BELOW.**

Printed name of the Plaintiff / Attorney of Record (CCP 262)

Mailing Address \_\_\_\_\_ Apt/Space \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Daytime telephone number between 8 a.m. & 4:30 p.m. \_\_\_\_\_ Email Address \_\_\_\_\_

Signature of Plaintiff / Attorney of Record requesting service (CCP 262)

**NOTE: THE SHERIFF IS ENTITLED TO THE FEE FOR SERVICE, WHETHER OR NOT THE SERVICE IS SUCCESSFUL (GOV'T CODE 26738)**

**NO REFUNDS AFTER PROCESSING**

*FOR OFFICE USE ONLY*

Date: \_\_\_\_\_ Time: \_\_\_\_\_ Initials \_\_\_\_\_ Counter Mail Email Cash Check Waiver Other \_\_\_\_\_