



Writ of Possession – Real Property (Eviction)

Instructions to the Sheriff of Lake County

Rob Howe, Sheriff-Coroner

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

The Sheriff must have written, signed instructions by the Plaintiff representing him/herself or the Attorney of Record in accordance with California Civil Procedure Code 262. El Alguacil debera tener las instrucciones firmadas y en escrito por el Demandante representandose a si mismo(a) u al Abogado registrado de acuerdo al Proceso civil de California codigo 262.

Please fill out form completely. Type or print legibly.

Court Case # CV _____

Plaintiff: _____ Defendant: _____

Does the Writ specify "No Lockout Prior To"? No Yes Date: _____
Was the property subject to foreclosure? No Yes
Was the property subject to a bankruptcy proceeding? No Yes
Was the Prejudgment Claim of Right to Possession served in compliance with CCP 415.46 No Yes

WHAT IS REQUIRED FOR SERVICE?

- Original Writ of Possession for Real Property
- Original Signed Instructions
- Property Damage Waiver
- Fee for Service \$145.00 per unit or Re-post Fee: an additional \$100.00 (if necessary)

To the Sheriff of Lake County: Please remove the following occupants from the premises described below in the manner prescribed by law and peaceably restore the below property to its rightful owner. (The enforcement of a writ of possession of real property is governed by Section 715.020 of the Code of Civil Procedure)

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

- a) Who are we evicting? _____
- b) What is the full address? _____
- c) Is there an access key or a gate code? No Yes, the code is: _____

**IF AN ACCESS/GATE CODE IS REQUIRED TO POST THE NOTICE TO VACATE AND IT IS NOT PROVIDED
-OR-
IF THE PROPERTY ADDRESS AND/OR UNIT IS NOT CLEARLY VISIBLE ON THE BUILDING
THE EVICTION WILL NOT TAKE PLACE AND ADDITIONAL FEES WILL APPLY**

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

- a) Name of Agent: _____ Contact #: _____

You should be at the property no less than 20 minutes prior to the scheduled restoration time. The scheduled restoration time will be provided to the above listed agent by phone. Due to the nature of Evictions your scheduled restoration time may be later than expected. Please remain at the Eviction until the Deputy arrives.

**Lake County Sheriff's Civil Unit
PO Box 489 Lakeport, CA 95453
707-262-4080**

1. This eviction is the result of: (circle one) FORECLOSURE, FAILURE TO PAY RENT, VIOLATION OF AGREEMENT OR ILLEGAL ACTIVITY. Please explain: _____
2. Are the tenants, occupants or visitors involved with DRUGS or GANGS? No Yes, see below:

3. Do the tenants, occupants or visitors OWN or POSSESS WEAPONS? No Yes, see below:

4. Have the tenants, occupants or visitors been VIOLENT or made any THREATS towards you, Law Enforcement or anyone else regarding this eviction? No Yes, see below:

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

6. Are there SECURITY CAMERAS on the property? No Yes, see below:

7. Are there DOGS on the Property? No Yes - How many? _____ Breeds: _____

8. Are there ELDERLY, BED-RIDDEN or DISABLED tenants on the property? No Yes - _____

9. Are there children on the property? No Yes - How many? _____ Approximate age(s) _____
10. Do you know of any prior LAW ENFORCEMENT contact at this address? No Yes
11. Are you aware of any DANGEROUS CONDITIONS on or around the property? No Yes, see below:

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

DATE: _____

Mailing Address

City

State

Zip Code

Telephone Number (must accept calls from blocked numbers)

Printed Name of Requestor

This address is NOT on the order & is confidential

Signature of Requestor

NO REFUNDS AFTER PROCESSING

THE SHERIFF WILL NOT CANCEL ANY EVICTION WITHOUT WRITTEN AND SIGNED INSTRUCTIONS FROM THE PLAINTIFF'S ATTORNEY OR PLAINTIFF (if Pro Per). FAXED INSTRUCTIONS FROM THE PLAINTIFF'S ATTORNEY OR PLAINTIFF (if Pro Per) WILL BE SUFFICIENT TO CANCEL AN EVICTION. WE DO NOT ACCEPT PHONE CANCELLATIONS.

NOTE: THE SHERIFF IS ENTITLED TO HIS FEE FOR SERVICE, WHETHER OR NOT THE SERVICE IS SUCCESSFUL. (GOVT CODE 26738) THE LAW ALLOWS THE SERVICE OF PROCESS BETWEEN THE HOURS OF 6:00 A.M. AND 10:00 P.M.

Lake County Sheriff's Civil Unit
PO Box 489 Lakeport, CA 95453
707-262-4080



LAKE COUNTY SHERIFF'S OFFICE

1220 Martin Street • P.O. Box 489 • Lakeport, California 95453

Administration
(707) 262-4200

Central Dispatch
(707) 263-2690

Coroner
(707) 262-4215

Corrections
(707) 262-4240

Patrol/Investigation
(707) 262-4200

Substation
(707) 994-6433

AND HOWE
Sheriff /Coroner

Property Damage Waiver – Release of Liability

Date: ___/___/___

Court Case# CV _____

Property Address: _____

City: _____ State: _____ Zip: _____

I am the Plaintiff or Plaintiff's Agent in the above referenced case. I am authorized to act on the behalf of the Plaintiff in this matter. Plaintiff acknowledges that it may be necessary during the eviction for the Lake County Sheriff's Office to force entry into the above referenced property. Plaintiff further acknowledges that during the eviction, if forced entry is necessary, some property damage may occur as a result. Plaintiff will not hold the Lake County Sheriff's Office liable for any property damage.

Plaintiff hereby waives and releases any and all rights, claims, or future causes of action for property damage against the County of Lake, the Lake County Sheriff's Office; it's elected or appointed officials, officers or employees as a result of the forced entry into the above referenced property.

I have carefully read this waiver and release of liability, fully understand its content and have freely and voluntarily signed this document.

Printed name

Signature