

VENTURA COUNTY SHERIFF'S OFFICE  
DETENTION SERVICES DIVISION  
CIVIL DETAIL  
800 S. VICTORIA AVE, HOJ RM 101  
VENTURA, CA 93009  
(805) 654-2391 Fax (805) 645-1342



January 8, 2015

To: Plaintiffs/ Plaintiff Attorneys

RE: Eviction Instruction Form

Out of concern for deputy safety, our agency has revised the Eviction Instruction form to allow for additional deputy safety information. This is a form specifically for eviction services. All items must be completed on the instructions and failure to complete all items may result in a delay in processing the eviction. Use of the new Eviction Instructions form will be mandatory effective February 1, 2015 and no other form of instruction will be accepted for eviction services. This new form is available on our website [www.vcsd.org/civil](http://www.vcsd.org/civil) in the Forms section titled "Writ of Possession-Real Property Eviction Form". We also have a PDF format which can be emailed to you at your request.

Please call our office at (805) 654-2391 with any questions.

**Writ of Possession for Real Property (Eviction)**  
**INSTRUCTIONS TO THE SHERIFF OF VENTURA COUNTY**

Civil Division • 800 S. Victoria Ave. (HOJ Rm. 101) • Ventura • CA • 93009

Phone (805) 654-2391 • Fax (805) 645-1342

The Sheriff must have written, signed instructions by the attorney for the plaintiff, or the plaintiff if s/he does not have an attorney, in accordance with CCP 262, 687.010.  
The Sheriff is entitled to his fee, whether or not the service is successful, in accordance with GC 26738.

Court Case #: \_\_\_\_\_

Plaintiff: \_\_\_\_\_ Defendant: \_\_\_\_\_

No Lockout prior to: \_\_\_\_\_

**SHERIFF OF VENTURA COUNTY: PLEASE PEACEABLY RESTORE THE BELOW PROPERTY TO ITS RIGHTFUL OWNER.**

**1** Who are we evicting? \_\_\_\_\_

What is the address? \_\_\_\_\_

Street                      Apt./Suite #                      City                      State                      ZIP

- Is there a building code or gate code?  No  Yes, the code is: \_\_\_\_\_
- Is the property a dwelling?  Yes  No (type of property): \_\_\_\_\_
- Is this eviction the result of a foreclosure sale on a rental housing unit? [CCP 415.46(e)(2)]  Yes  No

**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 MAY NOT TAKE PLACE and ADDITIONAL FEES MAY APPLY.**

**You should be at the property at least 10 minutes prior to the scheduled restoration time.**

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

Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

**3** Who shall the Sheriff call to notify of the time and date of the eviction? (Note: While we will set a time with the plaintiff/plaintiff's agent to execute the eviction, this does NOT give the occupants permission to remain past the time noted on the order of eviction. Do not advise the occupants otherwise.)

Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

**4** Signature of Plaintiff/Attorney: \_\_\_\_\_ Date: \_\_\_\_\_

Printed name of Plaintiff or Attorney: \_\_\_\_\_

Address: \_\_\_\_\_

Street                      Apt./Suite #                      City                      State                      ZIP

Phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_

**SEE PAGE 2 OF THIS FORM FOR ADDITIONAL REQUIRED INFORMATION**

COURT CASE #: \_\_\_\_\_

**5** Do you know of any illegal activity that may be taking place at this address?  NO  YES - explain:

**6** Do you know of any prior police contact at this address?  NO  YES - explain:

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

- Violent or criminal history:  UNK  NO  YES - explain: \_\_\_\_\_
- Firearms or other weapons:  UNK  NO  YES - explain: \_\_\_\_\_
- Gang involvement:  UNK  NO  YES - explain: \_\_\_\_\_
- Illegal drug use:  UNK  NO  YES - explain: \_\_\_\_\_
- Threats made:  UNK  NO  YES - explain: \_\_\_\_\_
- Surveillance cameras:  UNK  NO  YES - explain: \_\_\_\_\_
- Previous suicide attempts:  UNK  NO  YES - explain: \_\_\_\_\_
- Vicious animals (list):  UNK  NO  YES - explain: \_\_\_\_\_
- Alarms:  UNK  NO  YES - explain: \_\_\_\_\_

**8** Please provide the following information for each defendant (use an additional sheet if necessary):

Full Name:	Full Name:
Date of Birth:	Date of Birth:
Gender:	Gender:
Race:	Race:
CDL#:	CDL#:
SS#:	SS#:
Home Phone:	Home Phone:
Cell Phone:	Cell Phone:

**9** Please provide any additional information of which you believe deputies should be aware:

- |   |  |
|---|--|
| <input type="checkbox"/> Elderly: _____         | <input type="checkbox"/> Medical problems: _____ |
| <input type="checkbox"/> Disabled: _____        | <input type="checkbox"/> Mental illness: _____   |
| <input type="checkbox"/> Language spoken: _____ | <input type="checkbox"/> HUD Housing: _____      |
| <input type="checkbox"/> Foreclosure: _____     | <input type="checkbox"/> Children (ages): _____  |
| <input type="checkbox"/> Assaultive: _____      | <input type="checkbox"/> Animals: _____          |

**10** Name of person who provided this information: (Please print)

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Date: \_\_\_\_\_