

# EVICTON INSTRUCTIONS TO THE SHERIFF OF KERN COUNTY

The Sheriff requires original instructions signed by the attorney of record or the plaintiff if they have no attorney. (CCP 262)  
You must submit the original writ plus three copies.

**YOU MUST ALSO COMPLETE THE THREAT ASSESSMENT FORM OR YOUR EVICTION WILL BE DELAYED  
(PRINT THE FORM AS A SEPARATE PAGE NOT DOUBLE SIDED).  
(PLEASE PRINT EXCEPT FOR SIGNATURE)**

Plaintiff

Defendant

Court Case Number

Levying Officer File Number (if known)

**PURSUANT TO THE ATTACHED WRIT OF POSSESSION:**

Remove/evict the following persons and place the plaintiff or their agent in quiet and peaceful possession of the property:

Name(s):

*All names must match judgment debtors on the writ*

Property Address:

*The complete address must match the property address on the writ*

City:

Zip Code:

Gate Code (if applicable)

The defendants in this case are  renters  (former) buyers

IS THIS EVICTION THE RESULT OF A FORECLOSURE SALE? YES  NO

The Sheriff's Office will contact the person named below and provide the date and time of the eviction. We do not accept telephone inquiries regarding eviction date/time. A representative must be at the address at the time of the eviction and be able to provide access to the interior of the property for the deputy.

**The person to be contacted by telephone during normal business hours:**

Name:

Daytime Phone Number:

*All correspondence will be sent to the plaintiff or attorney listed on the writ of possession.*

**IF ANY REFUND IS DUE, REMIT TO THE FOLLOWING NAME AND ADDRESS:**

Name:

Address:

City:

State:

Zip:

\_\_\_\_\_  
SIGNATURE (Attorney or plaintiff without an attorney)

\_\_\_\_\_  
(Date)

Printed Name: \_\_\_\_\_

\*\*\*NOTE\*\*\*Per CCP 262, if you have been represented by an attorney during the eviction process, the attorney of record must sign the Sheriff's instructions. If you were not represented by an attorney, you as the plaintiff must sign the instructions. A plaintiff's agent or representative may not sign the Sheriff's instructions unless they are the attorney representing you as described above.

The Sheriff will not cancel any eviction without written and signed instructions from the plaintiff or their attorney. Faxed instructions from the plaintiff or attorney will be sufficient to cancel an eviction; however, we must receive the original letter of cancellation as soon as possible after the faxed letter of cancellation. WE DO NOT ACCEPT PHONE CANCELLATIONS. The Sheriff is entitled to his fee for service whether or not the service is successful (GC 26738); therefore, no refund will be issued without a minimum two-hour notice of cancellation before the eviction date and time. No refunds in an amount of \$10.00 or less (GC 29375.1).

## EVICTION THREAT ASSESSMENT FORM

**THIS FORM MUST BE FILLED OUT COMPLETELY BY AN INDIVIDUAL WITH ACTUAL KNOWLEDGE OF THE PROPERTY SCHEDULED FOR EVICTION. PRINT ON A SEPARATE PAGE FROM INSTRUCTIONS.**

### PLAINTIFF/AGENT INSTRUCTIONS

- The property and individual unit(s) must be clearly marked with property address and unit designation, if applicable.
- Promptly arrive at the scheduled eviction time.
- Provide keys or a means of entry through a normal entry point to the dwelling. If using a locksmith insure they arrive at the scheduled time. Deputies will not enter through a window nor allow you to enter through a window at the start of the eviction.
- If the property requires a gate code or access card you must provide it with your instructions. Failure to do this may result in a delay or unsuccessful eviction.
- Do not enter the property or make contact with anyone at the property before the deputies arrive. It is suggested to park several dwellings away from the property. When the deputies arrive, make your presence known and identify yourself.

**\*\*FAILURE TO FULLY COMPLETE THIS FORM MAY CAUSE THE SHERIFF TO POSTPONE THE EVICTION\*\***

**Please complete all areas of the form below.**

Eviction Address:

Court Case/File Number:

This eviction is a result of:

FORECLOSURE  FAILURE TO PAY RENT  VIOLATION OF AGREEMENT  ILLEGAL ACTIVITY

Explain:

Are the tenants, occupants, or visitors involved with any of the following:  DRUGS  GANGS  WEAPONS  VIOLENCE

Explain:

Have threats been made regarding the eviction?  YES  NO  UNKNOWN

Explain:

Are there dogs on the property?  YES breed? \_\_\_\_\_ how many? \_\_\_\_\_  NO  UNKNOWN

Are there elderly, bedridden or disabled tenants on the property?  YES  NO  UNKNOWN

Explain:

Are there children on the property?  YES ages? \_\_\_\_\_  NO  UNKNOWN

Are you aware of any dangerous conditions on or around the property?  YES  NO  UNKNOWN

If yes, what are those conditions?

YOUR NAME:

RELATIONSHIP TO THE PROPERTY:

Phone Number:

Reviewing Deputy

ILEADS  CJIS  LOI  City RMS