



Writ of Possession for Real Property (EVICTION)

INSTRUCTIONS TO THE SHERIFF OF MERCED COUNTY

Civil Division 670 W.22nd Street, Room 15, Merced, Ca 95340
Phone: (209) 385-7639 or (209) 385-7571/ Fax #: (209) 725-3516

(The Sheriff must have written, signed instructions by the attorney for the plaintiff, or if he/she does not have an attorney, in accordance with [CCP 262](#))

Court Case #: _____

Court Name: _____

Plaintiff: _____

Defendant: _____

Plaintiff Address *(to mail Proof of Service):* _____

WHAT IS REQUIRED FOR SERVICE?

- Original Writ of Possession for Real Property ([CCP 687.010](#))
- Initial Service Fee: \$145.00 per address ([Gov.Code 26733.5](#))
- Re-Post Only Fee: an additional \$40.00 per address ([Gov. Code 26720.9 & 26721](#))
- Fee Waiver *(if applicable)* ([Gov Code 68632](#))

Provide the requested information below

- Is this eviction the result of a foreclosure sale on a rental housing unit? [CCP 415.46\(e\)\(2\)](#)
 Yes No

SHERIFF OF MERCED COUNTY:
PLEASE PEACIBLY RESTORE THE BELOW PROPERTY TO ITS RIGHTFUL OWNER

1. NAME(S) & ADDRESS OF EVICTION:

IS THERE A BUILDING CODE OR GATE CODE? Yes No

(If no code is provided (when necessary) at the time of set up and/or the property address is NOT CLEARLY VISIBLE OR MARKED ON THE BUILDING OR CURB additional fees may apply and/or THE EVICTION WILL NOT TAKE PLACE)

*Please be at the property no less than **10 minutes prior to the scheduled restoration time.**

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

Agent Name: _____

Contact #: _____

SAFETY INFORMATION

PLEASE PROVIDE ANY ADDITIONAL INFORMATION THAT MAY POSE A THREAT TO A SAFE EVICTION PROCESS:

DEFENDANT'S NAME: _____

Surveillance Cameras? Yes No Unknown

Firearms and/or other weapons:

Yes (if so please list type & how many) _____ No Unknown

Threats made (to whom and/or what type of threats were made)?

Yes (if so please list type & how many) _____ No Unknown

Vicious Animals:

Yes (if so please list animal & how many) _____ No Unknown

Past Law Enforcement Contact *(if known)*

Yes (Please list below) _____ No Unknown

Mental Health

Yes (Please list below) _____ No Unknown

Other Hazards to Deputies:

Yes (Please list below) _____ No Unknown

Requestor's Information:

Print Name/Company Name: _____ Date: _____

Address: _____

Signature: _____ Phone #: _____