



Writ of Possession for Real Property (EVICTION)

INSTRUCTIONS TO THE SHERIFF OF MERCED COUNTY

Civil Bureau 670 W.22nd Street, Room 15, Merced, Ca 95340
Phone: (209) 385-7639 or (209) 385-7571/ Fax #: (209) 725-3516 or (209) 724-4017

(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: _____

WHAT IS REQUIRED FOR SERVICE?

Original Writ of Possession
for Real Property ([CCP 687.010](#))

Re-Post Only Fee: an additional \$40.00 per
address ([Gov. Code 26720.9 & 26721](#))

Initial Service Fee: \$145.00 per address
([Gov. Code 26733.5](#))

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 RESTORE THE BELOW PROPERTY TO ITS RIGHTFUL OWNER

DEFENDANT NAME(S) & ADDRESS OF EVICTION *(Please list Apartment Complex Name & Apt #, if applicable):*
(Please include NUMERICAL ADDRESS)

Elderly or infirm with care provider?

Yes No Unknown

Co-Dependent Care?

Yes No Unknown

IS THERE A BUILDING CODE, LOCK OR GATE CODE #? Yes, and the code is: _____ 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)

Note: THE SHERIFF IS ENTITLED TO THE FEE FOR SERVICE, WHETHER OR NOT THE SERVICE IS SUCCESSFUL. ([GOVT CODE 26738](#))

**You will receive a copy of the proof of service in the mail.*

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

Who will meet the Deputy at the time of eviction/restoration?

Please Print Clearly

Agent Name: _____ Owner Agent Other _____

Contact #: _____

*Deputy **will call the day prior AND/OR the morning of the scheduled lock out** with the time to agent listed above.

SAFETY INFORMATION

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

Language Barrier? Yes No
Only Speaks: _____

Defendant D.O.B. (if known) _____

Surveillance Cameras?
 Yes No

Violent Towards Law Enforcement?
 Yes No

Firearms and/or other weapons:
 Yes (Please list below)
 No Unknown

Vicious Animals/Loose dogs on property:
 Yes (Please list type of animal below)
 No

Threats made to you by the named defendant(s)?
 Yes (Please list below)
 No Unknown

Past Law Enforcement Contact (if known)
 Yes (Please list below)
 No Unknown

Mental Illness, Mental Health (Diagnosed by a Doctor)
 Yes (Please list below)
 No Unknown

Unique Characteristics (Scars, marks, tattoos, etc.)
 Yes (Please list below)
 No Unknown

Requestor's Information:

Print Name/Company Name: _____ Date: _____

Address (to mail Proof of Service): _____

Signature: _____ Phone #: _____
(Required)