

# Writ of Possession for Real Property (Eviction)

Instruction to the **Sheriff of Contra Costa County**  
Civil Unit 1026 Escobar Street, 2nd Floor, Suite 2A, Martinez, CA 94553  
Email: [cococivil@so.cccounty.us](mailto:cococivil@so.cccounty.us) Phone: 925-655-4555 Fax: 925-655-4580

Court Case # \_\_\_\_\_ Complaint Filing Date: \_\_\_\_\_

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

1. Is this eviction the result of a **foreclosure** sale on a rental housing unit? CCP 415.46(e)(2)  No  Yes

2. Does the Writ specify **"No Lockout Prior To"**:  No  Yes, the date is \_\_\_\_\_

3. Where is the eviction taking place? **Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

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

**Is there a building or gate code?**  Yes, the code is: \_\_\_\_\_  No

**Is a key required?**  Yes, the keys are attached  No

4. **Who will be meeting the deputies on the day of the eviction/restoration?**

**Name:** \_\_\_\_\_ **Contact #** (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

5. **Receipt and all official correspondence from the Sheriff's Office should be sent to:**

**Name:** \_\_\_\_\_ **Contact #** (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

**Mailing address:** \_\_\_\_\_ **City:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Name of Attorney (If applicable)** \_\_\_\_\_

6. Do you know of any illegal activity that may be taking place at this address?  No  Yes, describe below:

\_\_\_\_\_

7. Do you know of any prior police contact at this address?  No  Yes, describe below:

\_\_\_\_\_

8. Please provide additional information on issues that **may pose a threat** to a safe eviction process

<b>Firearms - Weapons</b>	
<b>Threats made</b>	
<b>Surveillance cameras</b>	
<b>Mental Health Issues</b>	
<b>Vicious animals</b>	
<b>Alarms</b>	
<b>Other hazards to Deputies</b>	

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9. Please provide the following for **each defendant** (additional sheets available):

Defendant #1	
<b>Full Name:</b>	
Date of Birth	
Gender	
Race:	
Driver's License#	
Home Phone	
Cell Phone	
Defendant #2	
<b>Full Name:</b>	
Date of Birth	
Gender	
Race:	
Driver's License#	
Home Phone	
Cell Phone	
Defendant #3	
<b>Full Name:</b>	
Date of Birth	
Gender	
Race:	
Driver's License #	
Home Phone	
Cell Phone	

10. Please check **ALL** that apply:

Elderly             Yes  No  
 Disabled             Yes  No  
 Children under 14  Yes  No

Medical Problems  Yes  No  
 Mental Illness     Yes  No  
 Foreclosure         Yes  No

**Sheriff of Contra Costa County**, please restore the above listed property to its rightful owner.

Signature of attorney or party without attorney: \_\_\_\_\_ Date: \_\_\_\_\_