

# Writ of Possession for Real Property (Eviction)

Instruction to the Sheriff of Contra Costa County  
Civil Unit 920 Mellus St., Martinez CA 94553  
Email: cococivil@so.cccounty.us Phone: 925-313-4204 Fax: 925-313-4220

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. Where is the eviction taking place? Full 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

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

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

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

4. 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) \_\_\_\_\_

5. Do you know of any illegal activity that may be taking place at this address? \_\_\_\_No \_\_\_\_Yes, describe below:

\_\_\_\_\_

6. Do you know of any prior police contact at this address? \_\_\_\_No \_\_\_\_Yes, describe below:

\_\_\_\_\_

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

Firearms or other weapons	
Threats made	
Surveillance cameras	
Previous suicide attempts	
Vicious animals	
Alarms	
Other hazards to deputies	

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

**Defendant #1**

Full Name	
Date of Birth	
Gender	
Race:	
Driver's License #	
Home Phone	
Cell Phone	

**Defendant #2**

Full Name	
Date of Birth	
Gender	
Race:	
Driver's License #	
Home Phone	
Cell Phone	

**Defendant #3**

Full Name	
Date of Birth	
Gender	
Race:	
Driver's License #	
Home Phone	
Cell Phone	

9. Please check any 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: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_