



WRIT OF POSSESSION – Real Property (EVICTIION)

Instructions to the Sheriff of Santa Clara County – Revised 3/2022

Civil Division Hours for Service are Monday – Friday 8:00 AM – 4:30 PM



**Santa Clara County Office of the Sheriff – Sheriff Laurie Smith
55 W Younger Avenue San Jose, CA 95110 CIVIL PHONE (408) 808-4801**

**THIS INSTRUCTION FORM AND THE RELEASE OF LIABILITY ARE REQUIRED FOR ALL EVICTION REQUESTS.
NO OTHER LETTERS OF INSTRUCTION WILL BE ACCEPTED.
Refer to California Code of Civil Procedure (CCP) Sections 262 & 687.010(a).**

Court Case#: _____ Today's Date: ____/____/____

Judgment Creditor/s _____

Judgment Debtor/S _____

Was the property a foreclosure per CCP 1161a? [] YES [] NO

Was the property subject to a bankruptcy proceeding per 11 US Code 362? [] YES [] NO

Was the Prejudgment Claim of Right to Possession served in compliance with CCP 415.46(a)? [] YES [] NO

WHAT IS REQUIRED FOR SERVICE?

- Original Writ of Possession for Real Property AND three copies of same
- Initial Service Fee of \$145.00 (GC 26733.5)
- Stamped, self-addressed envelope
- Completed Santa Clara County Instructions Form
- Completed Waiver and Release of Liability Form

INSTRUCTIONS TO THE SHERIFF OF SANTA CLARA COUNTY: Remove the occupants from the premises described below in the manner prescribed by law and peaceably restore the below property to its rightful owner per California Code of Civil Procedure Section 715.020.

- Provide the legal eviction address: _____
- Include description and/or map and/or photo if necessary.
- Provide the access code needed for entry into the building or onto premises: _____
- Provide name and phone number of agent who will be present at time of eviction & restoration*

Name _____ Phone Number (____) _____ - _____

***The agent is REQUIRED to arrive at the property at the scheduled eviction time. OWNER/AGENT SHALL NOT ENTER THE PREMISES UNTIL DEPUTIES ARRIVE. EVICTION WILL NOT BE COMPLETED IF OWNER OR AGENT ENTERS THE PREMISES BEFORE DEPUTIES ARRIVE. If the property is NOT clearly visible or marked, or if the property is NOT accessible, the EVICTION WILL NOT TAKE PLACE AND ADDITIONAL FEES MAY APPLY. UNDER NO CIRCUMSTANCES ARE YOU TO INFORM THE TENANT OF THE TIME THE EVICTION WILL TAKE PLACE.**



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Complete the Tenant information as thoroughly as possible (use additional form, if needed).

FULL NAME:		FULL NAME:		FULL NAME:	
D.O.B. or AGE:	RACE & GENDER:	D.O.B. or AGE:	RACE & GENDER:	D.O.B. or AGE:	RACE & GENDER:
PHONE#		PHONE#		PHONE#	
FULL NAME:		FULL NAME:		FULL NAME:	
D.O.B. or AGE:	RACE & GENDER:	D.O.B. or AGE:	RACE & GENDER:	D.O.B. or AGE:	RACE & GENDER:
PHONE#		PHONE#		PHONE#	

<input type="checkbox"/> No known details to delay EVICTION	<input type="checkbox"/> Threats or violent history from anyone	<input type="checkbox"/> Mental health concerns	<input type="checkbox"/> Vicious animals
<input type="checkbox"/> Language barriers? Which language?	<input type="checkbox"/> Threats specific to eviction or to Deputies / Police	<input type="checkbox"/> Elderly or disabled or other Disabilities	<input type="checkbox"/> Drug use
<input type="checkbox"/> Rooms rented within a residence / Are they Marked?	<input type="checkbox"/> Police activity – Which agency?	<input type="checkbox"/> Medical issues requiring additional resources	<input type="checkbox"/> Children
<input type="checkbox"/> Group home	<input type="checkbox"/> Weapons – Describe in detail below	<input type="checkbox"/> Is this a facility for housing elderly/others	<input type="checkbox"/> Security cameras
<input type="checkbox"/> Other concerns or hazards - dangerous conditions	<input type="checkbox"/> Fortified doors or structures	<input type="checkbox"/> Displacement Mitigation Team	<input type="checkbox"/> Illegal activity

Explain any boxes checked above (At least ONE box must be checked: _____

Name _____ [] Judgment Creditor [] J.C.'s Attorney

Mailing Address _____

Phone# _____ Alternative Phone# _____

Email _____

SIGNATURE OF JUDGMENT CREDITOR, OR THEIR ATTORNEY: _____



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Eviction Services Waiver and Release of Liability

Sheriff's File# _____

Property Address: _____

Court Case# _____

I am the Plaintiff, property owner, or an authorized Agent in the above-referenced case. I am authorized to act on behalf of the plaintiff or property owner in this matter.

Plaintiff acknowledges that the Santa Clara County Office of the Sheriff is not statutorily, contractually, or otherwise legally responsible for obtaining access to the property in an Eviction. Plaintiff acknowledges that the Santa Clara County Office of the Sheriff may engage in activities beyond its normal scope of duties by obtaining access to the above-referenced property.

Plaintiff acknowledges that it may be necessary for the Santa Clara County Office of the Sheriff to force entry into the above-referenced property. Plaintiff further acknowledges that property damage may occur as a result of the forced entry. Plaintiff also acknowledges that Plaintiff is responsible for any and all property damage that may occur as a result of the forced entry. Plaintiff will not hold the Santa Clara County Office of the Sheriff, the County of Santa Clara, or any employee or agent of the County of Santa Clara liable for any property damages.

Plaintiff hereby agrees to defend, indemnify, and hold harmless the Santa Clara County Office of the Sheriff, the County of Santa Clara, or any employee or agent of the County of Santa Clara for any harm, bodily injury, or property damage to any party, incurred directly or indirectly as a result of the forced entry.

Plaintiff hereby waives and releases any and all rights, claims, or future causes of action for property damage or personal injury to any party, against the Santa Clara County Office of the Sheriff, the County of Santa Clara, its elected or appointed officials, officers, or employees, as a result of enforcing the Writ or the forced entry into the above-referenced property.

Should any part of this Agreement be rendered or declared invalid by any court of competent jurisdiction, such invalidation of such part or portion of this Agreement should not invalidate the remaining portions thereof, and they shall remain in full force and effect.

- I have carefully read this waiver and release of liability, fully understand its content, **and have freely and voluntarily signed it.**
- I have carefully read this waiver and release of liability, fully understand its content, **and decline to waive and release liability.**

PRINT NAME

SIGNATURE

DATE