



EVICTIONS

CITY AND COUNTY OF SAN FRANCISCO, STATE OF CALIFORNIA



PLAINTIFF: _____

DEFENDANT(S): _____

NOTE!! A key for locked gates or doors is needed for posting eviction notices. Please provide our office with the key!!

SHERIFF'S FILE NO.: _____

COURT CASE NO.: _____

EVICTIO N DATE: _____

PREJUDGMENT CLAIM YES NO
TOTAL AMOUNT RECEIVED: _____
CASH CHECK

THIS FORM MUST BE COMPLETED UNDER PENALTY OF PERJURY. ANY OMISSIONS MAY AND WILL POSTPONE YOUR SCHEDULED EVICTION.

To the Sheriff of the City and County of San Francisco: Serve Writ of Possession (Sec. 715.010-715.050 C.C.P.) and 5-day notice to vacate. Enforce Writ by removing defendant(s) from premises. Plaintiff to cover all Sheriffs' fees, costs and expenses in advance.

Please contact the following person for the scheduled eviction time:

NAME: _____ (PERSON & PHONE NO. MUST BE ON-SITE!!!)

*****BUILDING DOOR CODE NUMBER***** _____

DAYTIME PHONE NUMBER(S): _____

Location of the premises as named in the Writ of Possession: _____
Cross Street: _____

Please check appropriate box as needed:

- | | | |
|-------------------------------------|--|---|
| <input type="checkbox"/> ELDERLY | <input type="checkbox"/> DISABLED | <input type="checkbox"/> SERIOUS MEDICAL PROBLEMS |
| <input type="checkbox"/> ASSAULTIVE | <input type="checkbox"/> LANGUAGE - _____ | <input type="checkbox"/> MENTALLY DISORDERED |
| <input type="checkbox"/> CHILDREN | <input type="checkbox"/> ANIMALS, what kind? _____ | <input type="checkbox"/> FORECLOSURE RELATED |

Is this an Ellis Act Eviction? YES NO

The Undersigned hereby receives possession of the premises/property remaining thereon.

Signature of Landlord or Representative

Plaintiff/Plaintiff's Attorney Signature

Print Name

Address

City Zip

Daytime Phone Number

****At the time of the Eviction****

******SEE BACKSIDE OF THIS FORM FOR FURTHER REQUIRED INFORMATION******

FOR SHERIFF'S USE ONLY:	Day and Date 5 Day Notice Posted / Served: _____
Date Eviction Enforced: _____	Eviction cancelled by <input type="checkbox"/> P/A <input type="checkbox"/> Deputy
Date Prejudgment Claim of Right Filed: _____	Date Eviction Cancelled: _____
	Eviction cancelled: <input type="checkbox"/> On-Site <input type="checkbox"/> By Phone



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EVICTION OFFICER SAFETY ISSUES

1. Do you know of any illegal activity that *may* be taking place at this address? _____

If yes, please describe what kind of illegal activity *may* be taking place: _____

2. Do you know of any police contacts at this address? _____

PLEASE PROVIDE ADDITIONAL INFORMATION ON ANY ISSUES THAT MAY POSE AN OFFICER SAFETY THREAT TO OUR DEPUTIES.

DEFENDANT'S INFORMATION

FULL NAME: _____

DATE OF BIRTH: _____

GENDER: _____

RACE: _____

CDL: _____

SS#: _____

FULL NAME: _____

DATE OF BIRTH: _____

GENDER: _____

RACE: _____

CDL: _____

SS#: _____

PLEASE USE ADDITIONAL PAGES IF NEEDED.

THANK YOU.