Bank Levy/Third Party Levy/ All Monies Due

INSTRUCTIONS TO THE SHERIFF OF THE COUNTY OF SANTA BARBARA

The Sheriff must have original written signed instructions by the attorney for the creditor, or the creditor if he/she has no attorney in accordance with CCP 262; 687.010. The Sheriff is entitled to his fee, whether or not the service is successful, in accordance with GC 26738.

CIVIL UNIT: ☐ **Santa Maria**-312 E. Cook St. Santa Maria, CA 93454
Mail: P.O. Box 5049, Santa Maria, CA 93456
Phone (805)346-7430 Fax (805)346-7437

☐ **Santa Barbara**- 1105 Santa Barbara St. Santa Barbara, CA 93101
Mail: P.O. Box 690 Santa Barbara, CA 93102
Phone (805)568-2900 Fax (805)568-2909

_____ **Plaintiff** (Demandante)

_____ **Defendant** (Acusado)

_____ **Court Case Number** (Numero de Caso)

_____ **Levy Officer's File# (if known)** (Numero de Archivo)

PURSUANT TO THE WRIT ATTACHED, PLEASE LEVY UPON THE FOLLOWING:

TYPE OF LEVY: ☐ **Bank Levy** (Embargo de Banco) ☐ **Third Party Levy** (Embargo de Tercera Persona)

☐ **All Monies Due** (Sumas Adeudadas)

1. Judgment Debtor(s)/Defendant(s)-exact name on the writ:_____
(Deudor de Fallo/Acusado)-Nombre exacto en la orden judicial)

Account Number (if known): _____
(Numero de Cuenta- si se sabe)

SSN (if known) _____
(Numero de Seguro Social-si se sabe)

2. Judgment Debtor(s)/Defendant(s)-exact name on the writ:_____
(Deudor de Fallo/ Acusado)-Nombre exacto en la orden judicial

Account Number (if known): _____
(Numero de Cuenta- si se sabe)

SSN (if known) _____
(Numero de Seguro Social- si se sabe)

GARNISHEE INFORMATION
(Informacion de Guarnicion)

Name of Bank, Institution, Person, or Business: _____
(Nombre de Banco, Institucion, Persona o Nombre del Negocio)

Address: _____
Street (Domicilio) **City** (Ciudad) **State** (Estado) **Zip** (Codigo Postal)

All Communication, refunds and collection will be made to the name and address below:
(Toda Comunicacion, Reembolsos y Coleccion se Entregaran al Nombre y Dirreccion Debajo)

Signature of Attorney/ Plaintiff without an attorney: _____**Date**: _____
(Firma de Abogado o Demandante sin Abogado)

Print name of Attorney/ Plaintiff without an attorney_____
(Imprima Nombre de Abogado o Demandante sin Abogado)

Address: _____
Street (Domicilio) **City** (Ciudad) **State** (Estado) **Zip** (Codigo Postal)

Phone# (Numero de Telefono) _____ **Fax#** (Numbero de Fax)_____