



SANTA BARBARA COUNTY SHERIFF'S OFFICE CIVIL UNIT

South County Office - 1105 Santa Barbara St, Santa Barbara CA 93102
Ofc:805-568-2900 Fax 805-568-2909

North County Office - 312 E Cook St, Building D, Santa Maria CA 93454
Ofc:805-346-7430 Fax 805-346-7437
e-mail:civil@sbsheriff.org / www.sbsheriff.org

EVICITION PACKET AND INSTRUCTIONS

All requests for eviction require the following:

- An original writ of possession, plus two copies*
- Signed original "EVICITION INSTRUCTIONS TO THE SHERIFF OF SANTA BARBARA COUNTY" **
- A completed "EVICITION SAFETY ASSESSMENT FORM"
- Signed original "PROPERTY DAMAGE WAIVER – RELEASE OF LIABILITY"
- Proper fees – The sheriff is entitled to his fee for service whether or not the service is successful (GC 26738)

Upon the receipt of all complete and correct required documents and fees, the Notice to Vacate will be served and/or posted on the defendant at the property address in the order in which it was received. The agent provided on the instructions will be mailed a confirmation letter with the date and time of the eviction (restoration). **We do not provide eviction information via incoming telephone calls to our office.**

- *The property and or individual unit(s) must be clearly marked with property address and unit designation.*
- *The agent must meet the deputy at the property address at the given date and time of the eviction restoration. Please arrive 10 to 15 minutes early. **DO NOT PARK IN FRONT OF THE ADDRESS.***
- *Provide keys or a means of entry through a normal entry point to the dwelling. If using a locksmith insure they arrive at the scheduled time. Deputies **WILL NOT** enter through a window nor allow you to enter through a window at the start of the eviction*
- *If the property requires a gate code or access card you must provide it with your instructions. Failure to do this may result in a delay or unsuccessful eviction.*
- **DO NOT** enter the property or contact anyone at the property before the deputies arrive. When the deputies arrive, make your presence known and identify yourself. If you enter the property, your eviction will be cancelled.
- **DO NOT DISCLOSE EVICTION DATE/TIME TO TENANT.**

The Sheriff will not cancel any eviction without written and signed instructions from the same party that signed the original instructions. The cancellation may be submitted in person at our office, E-mailed at civil@sbsheriff.org or faxed to 805-568-2909 (South County) or 805-346-7437 (North County). If the cancellation is E-mailed or faxed, you must follow-up with the original cancellation to our office. **WE DO NOT ACCEPT VERBAL OR TELEPHONE CANCELLATIONS.**

**If the original writ is already on file or you are submitting an electronically issued writ, you must submit a writ declaration form along with the correct number of copies of the writ.*

***Per CCP 262, if you have been represented by an attorney during the eviction process, the attorney of record must sign the Sheriff's instructions. If you were not represented by an attorney, you as the plaintiff must sign the instructions. A plaintiff's agent or representative may not sign the Sheriff's instructions unless they are the attorney representing you as described above.*



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EVICTON INSTRUCTIONS TO THE SHERIFF OF SANTA BARBARA COUNTY

The Sheriff requires original instructions signed by the attorney of record or the plaintiff if they have no attorney. (CCP 262) You must submit the original writ, or an electronically filed writ with a writ declaration.

****YOU MUST ALSO COMPLETE THE SAFETY ASSESSMENT FORM OR YOUR EVICTION MAY BE DELAYED. (FORM MUST BE SIGNED)****

Plaintiff: _____ Defendant: _____

Court case number: _____ Sheriff's file number (if known) _____

PURSUANT TO THE ATTACHED WRIT OF POSSESSION:

Remove/evict the following person(s) and place the plaintiff or their agent in quiet and peaceful possession of the property:

****All names and address must match judgement debtors on the writ****

Debtor name(s): _____

Property address: _____

City: _____ State: _____ ZIP: _____

The defendant(s) in this action are: Renters Owner (former)

IS THIS EVICTION THE RESULT OF A FORECLOSURE SALE? YES NO

The Sheriff's Unit will mail the person named below the date and time of the scheduled eviction. **WE DO NOT ACCEPT TELEPHONE INQUIRIES REGARDING THE EVICTION TIME / DATE.** A representative must be at the address at the time of the scheduled eviction and be able to provide access to the interior of the property for the Deputy.

The person (agent or property owner) to be contacted by telephone during normal business hours:

Name: _____ Daytime phone number: _____

All correspondence will be sent to the plaintiff or plaintiff's attorney listed on the writ of possession

Plaintiff / Plaintiff's attorney: _____

Mailing address: _____ City: _____ State: _____ ZIP: _____

SIGNATURE (Plaintiff or Plaintiff's attorney)

DATE

PRINTED NAME

*The Sheriff **WILL NOT** cancel any eviction without written and signed instructions from the plaintiff or their attorney of record. Faxed or emailed instructions from the plaintiff or attorney will be sufficient to cancel an eviction; however, we must receive the original letter of cancellation as soon as possible. **WE DO NOT ACCEPT TELEPHONE CANCELLATIONS.** *The Sheriff is entitled to his fee for service whether or not the service is successful (GC 26738).*



EVICTON SAFETY ASSESSMENT FORM

PLAINTIFF / AGENT QUESTIONS

This form is intended to identify any safety concerns and/or issues that might need additional resources when conducting the eviction. This form is required to be filled out completely and by an individual with actual knowledge of the property that is scheduled for eviction. Please provide current contact information as a deputy will be in contact with the agent just prior to the eviction.

****FAILURE TO FULLY COMPLETE THIS FORM MAY CAUSE THE SHERIFF TO DELAY THE EVICTION****

Please **READ** and complete **ALL** areas of the form below:

Eviction Address: _____ City _____

The eviction is a result of:

FORECLOSURE FAILURE TO PAY RENT VIOLATION OF AGREEMENT ILLEGAL ACTIVITY

Explain: _____

Are the tenants or visitors involved with any of the following:

DRUGS GANGS WEAPONS ILLEGAL ACTIVITY UNKNOWN

Explain: _____

Have threats been made to you or anyone regarding the eviction? YES NO UNKNOWN

Explain: _____

Are you aware if the tenants or occupants suffer from mental health issues? YES NO UNKNOWN

Explain: _____

Are you aware of dangerous conditions on the property? YES NO UNKNOWN

Explain: _____

Does the landlord / property owner currently live at the property being evicted? YES NO

Are there any children on the property? YES NO UNKNOWN AGES? _____

Are there any animals on the property? YES NO UNKNOWN DOG BREED? _____

Is there a gate code to access property? YES NO CODE# _____

COMMENTS: _____

YOUR NAME _____ RELATIONSHIP TO PROPERTY _____

CONTACT PHONE NUMBER _____



PROPERTY DAMAGE WAIVER – RELEASE OF LIABILITY SANTA BARBARA COUNTY SHERIFF’S OFFICE.

North County Office – 312 E. Cook St, PO Box 5049, Santa Maria CA 93456
South County Office – 1105 Santa Barbara St, PO Box 690, Santa Barbara CA 93102

Ofc: (805) 346 7430
Ofc: (805) 568 2900

Fax: (805) 346 7437
Fax: (805) 568 2909

_____ vs. _____
Plaintiff Defendant

DATE: _____

PROPERTY ADDRESS: _____ CITY: _____

COURT CASE NUMBER: _____

I am the Plaintiff in the above referenced case and I am the owner of the property referenced above (“Property”). Plaintiff acknowledges that it may be necessary during the eviction for the Santa Barbara County Sheriff’s Office to force entry into the property. Plaintiff further acknowledges that during the eviction, property damage may occur. Plaintiff will not hold the Santa Barbara County Sheriff’s Office, the County of Santa Barbara, or their respective elected or appointed officials, officers, employees and agents liable for any property damage incurred from the eviction as to the above-referenced case, including the use of forcible entry.

Plaintiff hereby waives and releases any and all rights, claims, or causes of action for property damage against the County of Santa Barbara, the Santa Barbara County Sheriff’s Office, or their elected or appointed officials, officers, employees or agents of any damage to the property.

I have carefully read this waiver and release of liability, fully understand its content, and have freely and voluntarily signed this document.

SIGNATURE (Plaintiff only)

DATE

PRINTED NAME