



## 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

# EVICTON PACKET AND INSTRUCTIONS

### **All requests for eviction require the following:**

- An original writ of possession, plus two copies\*
- Signed original "EVICTON INSTRUCTIONS TO THE SHERIFF OF SANTA BARBARA COUNTY" \*\*
- A completed "EVICTON SAFETY ASSESSMENT FORM" by property owner / manager.
- Signed original "PROPERTY DAMAGE WAIVER – RELEASE OF LIABILITY" by property owner / manager.
- 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 EVICTON 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.*

**\*\*\*WARNING - All forms must be complete and accurate. If the form is not COMPLETELY filled out or accurate owner / manager contact information is not provided and staff can't make contact, your eviction WILL be delayed.\*\*\***



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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.

**\*\* PROPERTY OWNER / MANAGER MUST COMPLETE THE SAFETY ASSESSMENT FORM OR YOUR EVICTION WILL 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 (**property owner / manager**) to be contacted by telephone during normal business hours:

Name: \_\_\_\_\_ Daytime phone number: \_\_\_\_\_

*(If Deputy is unable to make contact with property owner or manager prior to the scheduled eviction, the eviction will be delayed)*

**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 the property owner / manager 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 property owner / manager just prior to the eviction.*

**\*\*FAILURE TO FULLY COMPLETE THIS FORM WILL 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 there elderly, bedridden, or disabled tenants on the property?    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: \_\_\_\_\_

*I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.*

**PRINTED NAME** \_\_\_\_\_ **SIGNATURE** \_\_\_\_\_

**RELATIONSHIP TO PROPERTY** \_\_\_\_\_ **PHONE** \_\_\_\_\_



# 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 / manager referenced in the Property above (“Plaintiff”). Plaintiff agrees to indemnify, defend, and hold harmless the Santa Barbara County Sheriff’s Office, the County of Santa Barbara, or their respective elected or appointed officials, officers, employees and agents from and against any and all claims, actions, losses, damages including property damage, judgment and /or liabilities arising out of the above-referenced case, including the use of forcible entry.*

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

*I warrant and represent that I have the power and authority to sign this document in the names, titles and capacities herein stated.*

\_\_\_\_\_  
SIGNATURE (Property owner / manager)

\_\_\_\_\_  
DATE

\_\_\_\_\_  
PRINTED NAME