

**Writ of Possession for Real Property (Eviction)**  
**INSTRUCTIONS TO THE SHERIFF OF MARIN COUNTY**

Civil Division • 1600 Los Gatos Dr. Suite 200 • San Rafael • CA • 94903

Phone 415.473.7282 • • Fax 415.507.4126

(Hours: Monday-Friday – 8:00am-12N and 1:00pm-4:30pm)

(The Sheriff must have written, signed instructions by the attorney for the plaintiff, or the plaintiff if he/she does not have an attorney, in accordance with CCP 262, 687.010.)

**THIS INSTRUCTION FORM IS REQUIRED FOR ALL EVICTION REQUESTS.  
NO OTHER LETTER OF INSTRUCTIONS WILL BE ACCEPTED.**

Court Case #: \_\_\_\_\_ Complaint Filing Date: \_\_\_\_\_

Plaintiff: \_\_\_\_\_

Defendant: \_\_\_\_\_

Was the prejudgment claim of right to possession served?  NO  YES

**WHAT IS REQUIRED FOR SERVICE?**

- Original Writ of Possession for Real Property, plus three (3) copies
- Initial Service Fee: \$145.00 per address
- Re-Post Only Fee: an additional \$80.00 per address

SHERIFF OF MARIN COUNTY: PLEASE PEACEABLY RESTORE THE BELOW PROPERTY TO ITS RIGHTFUL OWNER:

**1** Where is the eviction taking place?

- Who are we evicting? \_\_\_\_\_
- What is the full address? \_\_\_\_\_
- Is there a building code or gate code?  No  Yes, the code is: \_\_\_\_\_

**IF AN ACCESS CODE IS REQUIRED TO POST THE NOTICE TO VACATE AND IT IS NOT PROVIDED**

-OR-

**IF THE PROPERTY ADDRESS IS NOT CLEARLY VISIBLE ON THE BUILDING OR THE CURB**

***THE EVICTION WILL NOT TAKE PLACE and ADDITIONAL FEES WILL APPLY.***

**You should be at the property no less than 10 minutes prior to the scheduled restoration time. You must provide the Deputy with access to the interior of the premises in order for the Deputy to restore lawful possession of the property; a locksmith is recommended. The eviction is not complete until the Deputy actually restores possession of the property, even if the occupants vacate the premises prior to the Deputy's arrival. Cancellations must be in writing from the attorney of record prior to the date and time of the scheduled eviction.**

**2** Who will be meeting the Sheriff at the time of eviction/restoration (**we will only restore to this person**)?

\_\_\_\_\_ Contact #: \_\_\_\_\_

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**3** Do you have any additional information or are you aware of any issues that may pose a threat to a safe eviction process. If so, please explain in detail below:

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**4** Please provide each defendant(s) information (use an additional sheet if necessary):

Full Name:		Full Name:	
Date of Birth or Approximate age:		Date of Birth or Approximate age:	
Gender:		Gender:	
Race:		Race:	
CDL#:		CDL#:	
Home Phone:		Home Phone:	
Cell Phone:		Cell Phone:	

**5** Who completed this form? (Please print your name) \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_