

**WRIT OF POSSESSION FOR REAL PROPERTY (EVICION)  
(COURT ORDERED – IMMEDIATE MOVE OUT)  
INSTRUCTIONS TO THE SHERIFF OF MARIN COUNTY  
Civil Division • 1600 Los Gamos Drive, Suite 200 • San Rafael • CA • 94903  
Phone 415.473.7282 • • Fax 415.507.4126  
(Hours are M-F 8:00 am-12noon; 1:00pm-4:30pm)**

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

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

**TO THE SHERIFF OF MARIN COUNTY:** PLEASE PEACEABLY RESTORE THE BELOW PROPERTY TO ITS RIGHTFUL OWNER:  
(Check One)

**WRIT OF POSSESSION FOR REAL PROPERTY**

- Original Writ of Possession for Real Property, plus one (1) copy
- Initial Service Fee: \$145.00 per address
- Re-Post Only Fee: an additional \$80.00 per address
- Was the prejudgment claim of right to possession served?  NO  YES

**COURT ORDERED – IMMEDIATE MOVE OUT**

- Certified copy plus one additional copy of the Court Order
- Service Fee: \$145.00 per address

**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 (ENFORCE THE COURT ORDER) 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 #: \_\_\_\_\_

**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:

\_\_\_\_\_  
 \_\_\_\_\_

**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** Date: \_\_\_\_\_

Signature: \_\_\_\_\_ (Please print your name) \_\_\_\_\_

Must be signed by the Plaintiff or Attorney of Record

I am the  plaintiff  plaintiff's attorney of record

**NOTE: You must be prepared to proceed when turning in these documents. Evictions are processed in the order received. We do not promise to execute on specific dates or times.**