



**EVICTIIONS**  
CITY AND COUNTY OF SAN FRANCISCO, STATE OF CALIFORNIA



PLAINTIFF: \_\_\_\_\_

SHERIFF'S FILE NO.: \_\_\_\_\_

COURT CASE NO.: \_\_\_\_\_

DEFENDANT(S): \_\_\_\_\_

EVICTIION DATE: \_\_\_\_\_

**NOTE: A key for locked gates or doors or a door code is needed for posting eviction notices. Please provide our office with the key and/or code.**

PREJUDGMENT CLAIM YES  NO   
TOTAL AMOUNT RECEIVED: \_\_\_\_\_  
CASH  CHECK

**THIS FORM MUST BE COMPLETED UNDER PENALTY OF PERJURY. ANY OMISSIONS MAY DELAY YOUR SCHEDULED EVICTION.**

**To the Sheriff of the City and County of San Francisco:** Serve Writ of Possession (Sec. 715.010-715.050 C.C.P.) and 5-day notice to vacate. Enforce Writ by removing defendant(s) from premises. Plaintiff to cover all Sheriffs' fees, costs and expenses in advance.

**Please contact the following person for the scheduled eviction time:**

NAME: \_\_\_\_\_ (Person being notified must be on-site at eviction)

\*\*\***BUILDING DOOR CODE NUMBER**\*\*\* \_\_\_\_\_

DAYTIME PHONE NUMBER(S): \_\_\_\_\_

Location of the premises as named in the Writ of Possession: \_\_\_\_\_

Cross Street: \_\_\_\_\_

**SPECIAL CIRCUMSTANCES-Failure to complete this section or the backside of this form may delay the eviction:**

- |                                     |  |   |
|-------------------------------------|--|---|
| <input type="checkbox"/> ELDERLY    | <input type="checkbox"/> DISABLED                  | <input type="checkbox"/> SERIOUS MEDICAL PROBLEMS |
| <input type="checkbox"/> ASSAULTIVE | <input type="checkbox"/> LANGUAGE - _____          | <input type="checkbox"/> MENTALLY DISORDERED      |
| <input type="checkbox"/> CHILDREN   | <input type="checkbox"/> ANIMALS, what kind? _____ | <input type="checkbox"/> FORECLOSURE RELATED      |

Is this an Ellis Act Eviction?  YES  NO

The Undersigned hereby receives possession of the premises/property remaining thereon.

\_\_\_\_\_  
Signature of Landlord or Representative  
At the time of the Eviction

\_\_\_\_\_  
Plaintiff/Plaintiff's Attorney Signature

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
City

\_\_\_\_\_  
Zip

\_\_\_\_\_  
Daytime Phone Number

**FOR SHERIFF'S USE ONLY:** Day and Date 5 Day Notice Posted / Served: \_\_\_\_\_

Date Eviction Enforced: \_\_\_\_\_

Eviction cancelled by  P/A  Deputy

Date Prejudgment Claim of Right Filed: \_\_\_\_\_

Date Eviction Cancelled: \_\_\_\_\_

Eviction cancelled:  On-Site  By Phone



**EVICTIONS**  
**CITY AND COUNTY OF SAN FRANCISCO, STATE OF CALIFORNIA**



**EVICTION SAFETY ISSUES**

1. Do you know of any illegal activity that *may* be taking place at this address? \_\_\_\_\_

If yes, please describe what kind of illegal activity *may* be taking place: \_\_\_\_\_

2. Do you know of any police contacts at this address? \_\_\_\_\_

PLEASE PROVIDE ADDITIONAL INFORMATION ON ANY ISSUES THAT MAY POSE AN OFFICER SAFETY THREAT TO OUR DEPUTIES.

**DEFENDANT'S INFORMATION**

FULL NAME: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_

GENDER: \_\_\_\_\_

RACE: \_\_\_\_\_

CDL: \_\_\_\_\_

SS#: \_\_\_\_\_

FULL NAME: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_

GENDER: \_\_\_\_\_

RACE: \_\_\_\_\_

CDL: \_\_\_\_\_

SS#: \_\_\_\_\_

PLEASE USE ADDITIONAL PAGES IF NEEDED.

THANK YOU.