

EVICTION INSTRUCTIONS TO THE SUPERIOR COURT OF TRINITY MARSHAL'S OFFICE

 $The Marshal \ must have \ original, \ signed \ instructions \ by \ the \ attorney \ or \ party \ without \ attorney \ in \ accordance \ with \ CCP \ 262 \ and \ 687.010$

		VC				
Plaintiff		VS		Defe	endant	
Court Case Number				Levying Officer File Number		
To the Marshal: You are hereby instructed to r	estore possess	sion of the pro	pperty described in th	, 0		
1. Property Address:						
City:				State: CA	Zip Code:	
					•	
				lhono. ()		
3. Creditor's Agent:			_ Daytime P	hone: (<u>)</u>	Ext:	
4. Gate Code:						
5. Tenant Information : (Complete for all to Tenant's Name:	tenants listed	on the writ		tional page if there	are more than 4 tenants	
a.		Tellalit S Date	or Birtir (DOB)		DOB unknown	
b.					DOB unknown	
C.					DOB unknown	
d.					DOB unknown	
6. Officer Safety Items: Are you aware	e of any of t	he followir	ng officer safety o	oncerns in regard	Is to the tenants?	
a. Drugs or Alcohol?	☐ YES	□ NO	☐ Unknown	Specify: 🔲 Drug	g 🔲 Alcohol 🔲 Both	
b. Mental Health?	☐ YES	□ NO	☐ Unknown			
c. Criminal History?	☐ YES	□ NO	☐ Unknown			
d. Gang Member/Parole/Probation?	☐ YES	□ NO	☐ Unknown	Specify: Gang	g Member	
e. Weapons?	☐ YES	□ NO	☐ Unknown	Specify: Gun:	s Knives Other	
f. Violent?	☐ YES	□ NO	☐ Unknown			
g. Military/Security Experience?	☐ YES	□ NO	☐ Unknown	Specify: Milit	ary Security	
h. Dogs?	☐ YES	□ NO	☐ Unknown	Specify:		
i. Security Cameras or Alarms?	☐ YES	□ NO	☐ Unknown	Specify:	eras 🔲 Alarm	
j. Elderly or Disabled Tenant?	☐ YES	□ NO	☐ Unknown	Specify: Elde	rly Disabled	
k. Other:						
 Is this eviction resulting from a foreclosure s <i>NOTE:</i> Pursuant to California Code of Civil Proced remedies in eviction proceedings. Falsely misrepre for fraud. 	ure Section 415.4	46, a tenant of p	eroperty that was the su			
 Is the debtor residing on the property under If YES, please attach evidence of the rental agreer checks indicating payment; or a rental application you may submit an affidavit signed under p 	nent. Such evide completed by the	ence may include e debtor. If you	e, but is not limited to, a do not have any evidend	copy of a written rental c ce to substantiate the exis	stence of a rental agreement,	
result in the debtor being entitled to a stay of proce				·	ess being delayed.	
The Marshal's department is ent All communi	itled to its fee	s whether the				
Name:						
Address:		City:		State:	Zip Code:	
	Fax: ()		Email:		
Telephone : ()	ı ax. (,		Email:		



TRINITY COUNTY MARSHAL

P.O. Box 1616 / 101 Court St., Room 105 Weaverville, CA. 96093-1616 (530 623-1400 FAX (530) 623-8347

Trinity County Marshal's Office Authorization and Release

I, hereby, authorize the Trinity Superior Court Marshal's Office to gain forcible entry at the property located at

	, , , , ,
i	n order to enforce the Writ of Possession/Notice to
Vacate Order and place, the Plaintiff, in peaceful possession	on of said property. I agree to and shall indemnify and
hold the Trinity Superior Court Marshal's, County of Trini	ty, its Deputy Marshal's Officers, Employees and
Agents free and harmless from all claims, actions, damages	s and liabilities of whatsoever kind and nature
relating to or in any way connected with the Order to enfor	rce the Writ of Possession/Notice to Vacate or the
placing of me in possession of said property. I understand to	this procedure may cause property damage for which
I will not hold the Marshal liable.	
	Print Name
	Capacity
Date Authorized	l Signature