



LEVY INSTRUCTIONS TO THE MARSHAL OF TRINITY COUNTY

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

(For levy under Write of Attachment, please contact the Marshal's Office for additional requirements)

www.trinity.courts.ca.gov

BANK LEVY

Levy is for any and all accounts of the Judgement Debtor(s)

Including, but not limited to accounts(s)

 Levy is to be limited to account(s)

THIRD PARTY LEVY

Levy is for all funds owed to the Judgement Debtor(s) by the Third Party.

Levy is to be limited to:

VERBAL DEMAND LEVY (UPON THE DEBTOR) (The Marshal is directed to make verbal demand upon the debtor for immediate turnover of)

Any and all cash in the possession of the debtor.

The property listed in **Special Instructions** below.

RENT LEVY (Levy is for all rents due during the 2 year lien period) Service will be made on any **Tenant in Possession**

PERSONAL PROPERTY LEVY (The Marshal is directed to Levy and sell the debtor's personal property listed below)

 Address where personal property is located: (Property must be in a public place or a separate "Break-in" order issued by the court is required)

TILL TAP (Levy on contents of all cash receptacles in a going business)

KEEPER-CASH ONLY (Levy on all cash and cash equivalent of a going business by placing a keeper in the business for the specified time period)

KEEPER-CASH AND TANGIBLE PERSONAL PEROPERTY (Levy on all cash and cash equivalent of a going business AND seize and sell all tangible personal property of the going business. (Requires a minimum fee deposit of \$1,500 pending further quotation)

Keeper is to be installed for 8, 12, 24 hours **each day** (excluding weekends) for : _____ day(s).

Note: Fee waiver does not apply to the fee for the keeper(s). Keeper fees **MUST** be paid in advance.

Name(s) of Judgement Debtor(s) whose peroperty is subjected to this levy (Include the debtor's social security number, if known/applicable):

SERVICE LEVY UPON: _____

Address: _____

City: _____ State: CA Zip _____

Special Instructions:

The Marshal's Department DOES NOT guarantee service.

The Marshal's department is entitled to its fees whether the service is completed or not (California Government Code 26738)

All communications, refunds and collections will be made to the name and address lited below:

Name of Attorney (or party without attorney) requesting service:

Address:

City:

State:

Zip:

Phone: ()

Fax: ()

Email:

Signature: _____

Date: _____