Instructions to the United States Marshal (USM)

Northern District of California (N/CA) USMS Civil Division 450 Golden Gate Ave, 7<sup>th</sup> Floor, San Francisco, CA 94102, 415-874-4076 ccivildivision@usms.doj.gov

## Eviction Court Case: vs. Court Case #

Writ of Possession- Real Property CCP 715.010- 715.050

 <u>To the Marshal</u>: Pursuant to the attached Writ of Possession, you are requested to post and remove occupants from the following property:

Name(s): \_\_\_\_\_\_ Address:

\*\*\*Note: the address listed above must match the address exactly as it appears in the Writ or the Marshal will not act upon your instructions. \*\*\*

2. Order to Vacate: Has an order to Turn Over/Vacate been issued and served on this case? 
Yes No
If an Order to Vacate has not been served, the Marshal will post the property and enforce the removal at a later date that is agreeable to both the plaintiff and Marshal.

3. <u>Safety Hazards</u> (Check all that apply):
<ul> <li>Safety Hazards (Check all that apply):</li> <li>Violent/Adverse to Law Enforcement</li> <li>Prior Law Enforcement Activity at this address</li> <li>Gated Community</li> <li>Occupant has medical issues/physical disability</li> <li>Occupant has mental issues</li> <li>Children Present</li> <li>Animals Present</li> <li>Gang activity</li> <li>Drug activity</li> <li>Language if other than English? Translator available?</li> </ul>
Suicidal or previous suicide attempts
Description (if any are checked):

4. Eviction Day: You or your designated agent must be present at the scheduled time and date of the eviction. Should the DUSMs arrive at an eviction site, at the scheduled time, and find that no representative of the plaintiff is present, the DUSM will inform the plaintiff that they will remain for 30 minutes. If no representative arrives within the 30-minute grace period, the DUSM will cancel the eviction. Who will be taking possession? Name(s):\_\_\_\_\_\_ Phone Number(s): \_\_\_\_\_\_

Locksmith Information (if available): \_\_\_\_\_

## 5. Your Information:

Name: Address:		Phone Number:	
Signature:		Date:	
	Plaintiff	□Plaintiff's Attorney of Record	

## Remarks: