

WRIT OF RESTITUTION SERVICE NOTES

Case names: _____ vs _____
(Plaintiff) (Defendant)

Address of Eviction: _____

Total number of occupants at residence: _____

Do any of the following apply to this residence: (please check all that may apply)

- children pets vehicles elderly mental health issues medical issues
 aggression hoarding mobility issues drug/alcohol issues cognitive delays
 adults or children with special needs assigned social worker/case manager/etc.
 probation/parole registered sex offender excessive short term traffic
 firearms/weapons/ammunition (please list below)

Additional officer safety/general information:

TENANTS/OCCUPANTS (18 years old and older)

Name #1: _____ DOB: _____ Sex: ___ Phone #: _____

Name #2: _____ DOB: _____ Sex: ___ Phone #: _____

Name #3: _____ DOB: _____ Sex: ___ Phone #: _____

Name #4: _____ DOB: _____ Sex: ___ Phone #: _____

Name #5: _____ DOB: _____ Sex: ___ Phone #: _____