

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