

# 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  
language barrier visually impaired hearing impaired veteran/ military  
firearms/weapons/ammunition *(please list below)*

Additional officer safety information:

**TENANTS/OCCUPANTS.** Please list all occupants age 18 year and older. Include name, date of birth, gender and phone number for each occupant.