

Clark County Sheriff

MANDATORY EVICTION INFORMATION SHEET

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(This form is **not to be modified** in any manner)

YOUR EVICTION IS NOT SCHEDULED UNTIL THE CIVIL UNIT HAS REVIEWED AND APPROVED THE INFORMATION PROVIDED ON THIS TENANT SHEET

** FILEDS MUST BE COMPLETED BY ATTORNEY **	DO NOT WRITE IN THIS BOX SHERIFF USE ONLY									
Attorney's name, email, phone number, mailing address _____ <hr/> <p style="text-align: center;">Eviction Information:</p> <p style="text-align: center;">Reason for the eviction (circle one)</p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;">(RCW 59.18) Residential</td> <td style="width: 5%; text-align: center;">YES</td> <td style="width: 15%; text-align: center;">NO</td> </tr> <tr> <td>(RCW 59.12) Based on a Foreclosure/Commercial</td> <td style="text-align: center;">YES</td> <td style="text-align: center;">NO</td> </tr> <tr> <td>(RCW 59.20) Mobil Home</td> <td style="text-align: center;">YES</td> <td style="text-align: center;">NO</td> </tr> </table> Other (specify): _____	(RCW 59.18) Residential	YES	NO	(RCW 59.12) Based on a Foreclosure/Commercial	YES	NO	(RCW 59.20) Mobil Home	YES	NO	Eviction Date/Time: _____ Serve by Date: _____ Out by Date: _____ 4 Writs: _____ YES NO Storage Letter _____ YES NO Order (granting): _____ YES NO Writ Expires: _____ Reissue Date Rcvd: _____ New Expiration Date: _____ Ind. Bond needed? _____ YES NO Indemnity Bond in: _____ Bond/Writ approval initial & date: _____ 2 nd approval initial & date: _____
(RCW 59.18) Residential	YES	NO								
(RCW 59.12) Based on a Foreclosure/Commercial	YES	NO								
(RCW 59.20) Mobil Home	YES	NO								
ALL FILEDS BELOW THIS LINE MUST BE COMPLETED BY LANDLORD/OWNER/RESPONSIBLE FOR THE PROPERTY										
Landlord/Responsible Name & Cell Phone # (required to be present for the physical eviction) _____ <hr/> Tenant Information: (name & date of birth, include children and their ages if known) _____ <hr/> Address: _____ Length of time in residence: _____ Pets: _____	<p style="text-align: center;">Writ Canceled prior to Eviction:</p> Canceled By: _____ Date/Time/Reason: _____ <p style="text-align: center;">Status Check/Eviction Info:</p> Deputy completed Name/PSN: _____									
<p style="text-align: center;">Residence Information:</p> Type of Structure: _____ Outbuildings: _____ If a mobile home, who owns it: _____ Have police ever responded to the property? _____ YES NO Do tenants have suspected mental health issues? _____ YES NO Suspected drug activity? _____ YES NO Threats or acts of violence? _____ YES NO Suspected weapon (s) at property? _____ YES NO If YES, please explain: _____ <hr/> Do the tenants have any disabilities/mental health conditions that will require special accommodations? _____ YES NO If YES, please specify if any assistance will be needed including case-worker name & phone number: _____ What problem have there been: _____ Explain why any answers might be unknown: _____ <hr/>	<p style="text-align: center;">Property Stored:</p> Street: _____ Continue to Move _____ YES / NO Time: _____ <div style="border: 1px solid black; padding: 5px; margin-top: 5px;"> Comments: _____ _____ _____ </div> Deposit Amt: _____ Check #: _____ CC Rcpt /Conf#: _____ Miles: _____ Service Fee: _____ Return Fee: _____ Mileage Fee: _____ Total Fee: _____ Refund (if any): _____									
<p>Under penalty of perjury, I declare as follows:</p> <p>I am the property manager/property owner/landlord with firsthand knowledge of the property and tenants. I have conducted a diligent search for the information the Sheriff has requested to identify the persons to be evicted. The information provided about the tenant and any known hazards is thorough and to the best of my knowledge.</p> Dated this _____ day of _____, 20____ Relationship to Property: _____ Signature: _____ Print Name: _____										