

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

** FIELDS MUST BE COMPLETED BY ATTORNEY **	DO NOT WRITE IN THIS BOX-SHERIFF USE ONLY																								
Attorney's name, email, phone number, mailing address _____ _____ <p style="text-align: center;">Eviction Information: Reason for the eviction</p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;"><u>(RCW 59.18) Residential</u></td> <td style="width: 10%; text-align: center;"><u>YES</u></td> <td style="width: 10%; text-align: center;"><u>NO</u></td> </tr> <tr> <td><u>(RCW 59.12) Based on a Foreclosure/Commercial</u></td> <td style="text-align: center;"><u>YES</u></td> <td style="text-align: center;"><u>NO</u></td> </tr> <tr> <td><u>(RCW 59.20) Mobile Home</u></td> <td style="text-align: center;"><u>YES</u></td> <td style="text-align: center;"><u>NO</u></td> </tr> </table> Other (specify): _____ <p style="text-align: center;">*ALL FIELDS BELOW THIS LINE MUST BE COMPLETED BY*</p> <p style="text-align: center;">LANDLORD/OWNER/RESPONSIBLE FOR THE PROPERTY</p> Landlord/Responsible Name & Cell Phone # (required to be present for the physical eviction) _____ Tenant Information: (name & date of birth, include children and their ages if known) _____ _____ Address: _____ Length of time in residence: _____ Pets: _____ <p style="text-align: center;">Residence Information:</p> Type of Structure: _____ Outbuildings: _____ If a mobile home, who owns it: _____ <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;">Have police ever responded to the property?</td> <td style="width: 10%; text-align: center;"><u>YES</u></td> <td style="width: 10%; text-align: center;"><u>NO</u></td> </tr> <tr> <td>Do tenants have suspected mental health issues?</td> <td style="text-align: center;"><u>YES</u></td> <td style="text-align: center;"><u>NO</u></td> </tr> <tr> <td>Suspected drug activity?</td> <td style="text-align: center;"><u>YES</u></td> <td style="text-align: center;"><u>NO</u></td> </tr> <tr> <td>Threats or acts of violence?</td> <td style="text-align: center;"><u>YES</u></td> <td style="text-align: center;"><u>NO</u></td> </tr> <tr> <td>Suspected weapon (s) at property?</td> <td style="text-align: center;"><u>YES</u></td> <td style="text-align: center;"><u>NO</u></td> </tr> </table> If YES, please explain: _____ Do the tenants have any disabilities/mental health conditions that will require special accommodations? <u>YES</u> <u>NO</u> 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: _____ _____ _____	<u>(RCW 59.18) Residential</u>	<u>YES</u>	<u>NO</u>	<u>(RCW 59.12) Based on a Foreclosure/Commercial</u>	<u>YES</u>	<u>NO</u>	<u>(RCW 59.20) Mobile Home</u>	<u>YES</u>	<u>NO</u>	Have police ever responded to the property?	<u>YES</u>	<u>NO</u>	Do tenants have suspected mental health issues?	<u>YES</u>	<u>NO</u>	Suspected drug activity?	<u>YES</u>	<u>NO</u>	Threats or acts of violence?	<u>YES</u>	<u>NO</u>	Suspected weapon (s) at property?	<u>YES</u>	<u>NO</u>	Eviction Date/Time: _____ Out by Date: _____ Serve by Date: _____ 4 Writs: _____ Storage Letter: _____ Order (granting): _____ Writ Expires: _____ Reissue Date Rcvd: _____ New Exp. Date: _____ Ind. Bond Needed?: _____ Y _____ N _____ Indemnity Bond in: _____ Bond/Writ approval initial & date: _____ 2 nd approval initial & date: _____ <p style="text-align: center;">Writ Canceled prior to Eviction:</p> Canceled By: _____ Date/Time/Reason: _____ Status Check/Eviction Info-Deputy: _____ Vacant: <u>Y</u> <u>N</u> Lks Chgd: <u>Y</u> <u>N</u> Posted: <u>Y</u> <u>N</u> Ten. Absent: <u>Y</u> <u>N</u> Ten. There: <u>Y</u> <u>N</u> Ten. In Jail/Arr: <u>Y</u> <u>N</u> <p style="text-align: center;">Property Stored:</p> Street _____ Continue to Move _____ Time: _____ Remarks: _____ _____ _____ Service Fee: _____ Deposit Amt: _____ Return Fee: _____ Check # _____ Mileage Fee: _____ CC Rcpt/Conf#: _____ Total Fee: _____ Miles: _____ Refund (if any): _____ Zip Code: _____
<u>(RCW 59.18) Residential</u>	<u>YES</u>	<u>NO</u>																							
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Under penalty of perjury I declare as follows:

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.

Dated this _____ day of _____, 20____ Relationship to Property _____

Signature _____ Print Name: _____