



Sheriff's Mandatory Eviction Data Form

An incomplete data form may prevent or delay scheduling your eviction.
 Writs cannot be served without 24 hour property access.
 Key/card/access code must be provided to secured access properties.
 Form must be completed by the owner, landlord or property manager.

King County Superior Court case number:

Check all that apply:

Commercial Residential Sublet Post Foreclosure Mobile Home

24 hour Contact person or Landlord (person with whom the detective will coordinate the eviction):

Name: Cell (mandatory):

Direct Office phone: Ext.:

E-mail (mandatory):

Eviction property address (include complex or business name as it appears on property & zip code):

Building with a secured common entrance? Yes No

Elevator key fob required? Yes No **If yes, must be provided.**

Is there on-site management? Yes No **Management office hours:**

Tenant Information

Please list the full names and dates of birth for the tenants and others known to be residing at this property.

Full name (First, Middle, Last):	Date of birth, driver's license # or state ID#:	Contact phone number(s) for tenant:

Emergency contact information for tenant (name & phone number):

Number of children and approximate ages:

Hazard Information

To the best of your knowledge, answer the following:

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:

Reason(s) for the eviction:

Are there any detached storage units or garages? Yes No

List types of pets known to be living at the residence:

Do the tenants have any disabilities/mental health conditions that will require special accommodations?

Yes No

If yes, please include other agencies to be contacted, caseworker's name:

Any additional information:

Form completed by:

Are you the person with firsthand knowledge of the tenants? Yes No

Print name

Date

Declaration

Under penalty of perjury, I declare as follows:

I am the on-site property manager 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. I have been thorough in documenting my knowledge of the tenants and any known hazards.”

Dated this day of 20____, at _____(city), Washington.

Signature

Print name

KING COUNTY SHERIFF'S OFFICE RESTORATION OF POSSESSION VERIFICATION

PURSUANT TO A WRIT OF RESTITUTION SERVED BY THE KING COUNTY SHERIFF'S OFFICE, AT THE PREMISES LOCATED AT THE ABOVE ADDRESS, IN KING COUNTY, WASHINGTON ON

I, (PRINT NAME LEGIBLY) _____ THE ACTING OWNER/AGENT, HEREBY ACKNOWLEDGE THE ABOVE-DESCRIBED PREMISES ARE RESTORED TO MY POSSESSION AND CONTROL BY THE KING COUNTY SHERIFF'S OFFICE ON THE DATE AND TIME INDICATED BELOW.

WRIT COMPLETION DATE: _____ TIME _____

SIGNATURE OWNER/AGENT _____

WITNESS / DEPUTY _____

=====