**EVICTION SERVICE FORM**

Case name: vs

Case no: Plaintiff’s phone #:

Address: Apt. #:

Name of person that will be meeting deputies on eviction day? Phone #:

Location of the main door that the tenants use:

Reason for eviction:

*(Non-Payment, Criminal, Violence, Other)*

Please explain reason for eviction if NOT payment related:

Are there any pets at the premises? Yes / No

If so, please describe type and size:

Are the pets aggressive or vicious? Yes / No

Are there guns or weapons at the premises? Yes / No

If yes, please describe:

At the premises do any of the following apply to the tenants?

\_\_\_\_\_Aggressive behavior \_\_\_\_\_Mental health issues \_\_\_\_\_Hoarding issues \_\_\_\_\_Elderly \_\_\_\_\_Children

\_\_\_\_\_Disabilities or special needs \_\_\_\_\_Medical issues \_\_\_\_\_Mobility issues \_\_\_\_\_Drug Use

\_\_\_\_\_Alcohol abuse \_\_\_\_\_Does anyone have a social worker or case manager \_\_\_\_\_Language Barrier

\_\_\_\_\_Hearing impaired Made threats of violence

Please explain your answer(s):

**\*\*\*THE OTHER SIDE OF THIS FORM MUST ALSO BE COMPLETED\*\*\***

**OCCUPANTS**

Total number of occupants: Total number of children:

**Occupant 1:**

Full Name:

DOB: Sex: M / F Phone No.

Vehicle(s):

**Occupant 2:**

Full Name:

DOB: Sex: M / F Phone No.

Vehicle(s):

**Occupant 3:**

Full Name:

DOB: Sex: M / F Phone No.

Vehicle(s):

**Occupant 4:**

Full Name:

DOB: Sex: M / F Phone No.

Vehicle(s):

**Occupant 5:**

Full Name:

DOB: Sex: M / F Phone No.

Vehicle(s):

DOSO 414 (REV 7/22)