

Law Incident No: _____

Date of Eviction: _____

WRIT OF RESTITUTION SERVICE NOTES

Case Names: _____ vs _____
(Plaintiff) (Defendant)

Address of Eviction: _____

Total number of occupants: _____

Please check any of the following which may apply to this residence:

- | | | |
|---|--|---|
| <input type="checkbox"/> Firearms/Weapons History | <input type="checkbox"/> Mobility Issues | <input type="checkbox"/> Language Barrier |
| <input type="checkbox"/> Aggression | <input type="checkbox"/> Drug/Alcohol Issues | <input type="checkbox"/> Pets/Aggressive Dogs |
| <input type="checkbox"/> Mental Health Issues | <input type="checkbox"/> Cognitive Delays | <input type="checkbox"/> Vehicles |
| <input type="checkbox"/> Elderly Individuals | <input type="checkbox"/> Adults/Children with Special Needs | |
| <input type="checkbox"/> Mental Health Issues | <input type="checkbox"/> Assigned Social Worker/Case Manager, etc. | |
| <input type="checkbox"/> Medical Issues | <input type="checkbox"/> Probation/Parole | <input type="checkbox"/> Short-Term Traffic |
| <input type="checkbox"/> Veteran/Military | <input type="checkbox"/> Registered Sex Offender | <input type="checkbox"/> Hearing Impaired |
| <input type="checkbox"/> Hoarding | <input type="checkbox"/> Children | <input type="checkbox"/> Vision Impaired |

Additional officer safety/general information: _____

Tenants/Occupants (18 years and older):

Name: _____ DOB: _____

Name: _____ DOB: _____

Name: _____ DOB: _____

Name: _____ DOB: _____

Name: _____ DOB: _____