

SHERIFF

JEFFERSON COUNTY

SHERIFF'S MANDATORY EVICTION DATA FORM

Please Note an Incomplete Data Form May Prevent or Delay Scheduling Your Eviction.

Check ALL that apply;

Case Number: _____

Commercial

Residential

Sublet

Post Foreclosure

Mobile Home

Landlord

Name: _____

Address: _____

Phone: _____

Contact person: If other than Landlord

Name: _____

Address: _____

Phone: _____

Eviction Property Address: _____

TENANT INFORMATION

Fill out all the information below 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)

Number of children and approximate ages: _____

Reason(s) for eviction: _____

Are there any detached storage units or garages? Yes No

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

Yes No

HAZARD INFORMATION

To your best knowledge: Do the tenants pose a threat in the physical eviction? (Drug activity, criminal activity, weapons of any kind, mentally disturbed, history of assault or threats, etc.) Yes No

If yes, describe; _____

If not fully completed, please fill out the next page

DECLARATION

I certify under penalty of perjury of the laws of the State of Washington, that I am the attorney or official representative for the plaintiff seeking the writ in this case. I have conducted a diligent search for the information the Sheriff has requested to identify the persons to be evicted. I have been unable to locate the information as noted.

Date this ____ day of _____, 20__.

Signature

Printed Name