

RESTITUTION INTAKE INFORMATION SHEET

NOTE: After 3 days of the notice being served to the tenant, the landlord/representative is **REQUIRED** to call (360) 419-3436 between the hours of 8:30 AM and 4:00 PM, Monday through Friday to schedule an eviction. If nothing is scheduled, the Writ will be returned to court on its expiration date. **If any part of this form is not complete, the execution of the Writ may be delayed.**

PRINT **BILLING** NAME AND MAILING ADDRESS BELOW

NAME: _____

BIRTHDATE OR SSN: _____ PHONE: _____

MAILING ADDRESS: _____

CITY: _____ ST: _____ ZIP: _____

OFFICE USE ONLY

DEPOSIT AMOUNT \$100.00

☐ CASH ☐ CHECK # _____

CLERK INITIALS: _____

CIVIL PROCESS # _____

BY SIGNING BELOW I UNDERSTAND -

- A \$100.00 DEPOSIT IS REQUIRED ON ALL WRITS OF RESTITUTION
- THAT THE FEES COLLECTED MAY NOT COVER THE COSTS OF SERVICE OR MILEAGE, AND THAT I MAY BE BILLED IF THERE IS A BALANCE OWING AND THAT ANY FEES PAID IN EXCESS OF THE FEES ACTUALLY USED WILL BE REFUNDED TO ME BY THE SKAGIT COUNT AUDITOR'S OFFICE APPROXIMATELY 4 WEEKS AFTER THE RETURN HAS BEEN MADE.

SIGNATURE: _____ PRINT NAME: _____
If signed by other than the person listed above.

CAUSE NO: _____ DATE ISSUED: _____ EXPIRES: _____

PLAINTIFF NAME: _____ BIRTHDATE OR SSN: _____ PHONE: _____

ADDRESS: _____

CONTACT OR LANDLORD: _____ BIRTHDATE OR SSN: _____ PHONE: _____
(PERSON WHO WILL CARRY OUT EVICTION)

TENANT INFORMATION (YOU **MUST** INCLUDE A BIRTHDATE OR SOCIAL SECURITY NUMBER FOR THE TENANTS)

1. TENANT NAME: _____ BIRTHDATE OR SSN: _____

2. TENANT NAME: _____ BIRTHDATE OR SSN: _____

3. TENANT NAME: _____ BIRTHDATE OR SSN: _____

4. TENANT NAME: _____ BIRTHDATE OR SSN: _____

EXACT PROPERTY ADDRESS: _____ CITY: _____

LENGTH OF TIME IN RESIDENCE: _____ PETS? ☐ Yes ☐ No If yes, what? _____

ANY KNOWN WEAPONS OR INFORMATION: _____

TYPE OF DWELLING (HOUSE, APT, ETC) _____

OUTBUILDINGS ☐ Yes ☐ No IF YES, LIST: _____

IF MOBILE HOME, WHO OWNS THE MOBILE: _____

REASON FOR THE EVICTION: _____

HAVE THE TENANTS INDICATED WILLINGNESS TO MOVE? ☐ Yes ☐ No

DO ANY TENANTS HAVE A DISABILITY THAT WILL REQUIRE ACCOMMODATION ☐ Yes ☐ No If yes, please explain: (Please include any local, state or federal assistance they may receive and a contact person)

