

Post NLT _____
Check No. _____
R # _____

RESTITUTION INTAKE INFORMATION SHEET

CAUSE NO: _____ DATE RECVD _____ ICSO CASE NO: _____

RESIDENCE INFORMATION (RCW 59.18.312 does not allow storage of property if tenant objects)

TYPE OF DWELLING: _____
(single family residence, apt., mobile home)

IF A MOBILE HOME, WHO OWNS THE MOBILE: _____

GENERAL INFORMATION

TENANT(S) NAMES: _____

NO. OF CHILDREN/AGES: _____

ANY PETS? _____ ANY KNOWN/FORSEEN PROBLEMS: _____

(Mental issues, health issues, weapons, drugs, etc.)

LANDLORD INFORMATION

DATE/TIME OF EVICTION: _____

LOCATION: _____

CONTACT PERSON: _____ PHONE: () _____
(PERSON WHO WILL ATTEND EVICTION/LOCKOUT)

FAX: () _____

PLAINTIFF'S ATTY: _____ PHONE: () _____

EMAIL: _____

SERVICE/POSTING INITIAL ORDER OUT TO SERVICE: _____ DONE: _____

Certified copy mailed to Def. (Date) _____

First Class copy mailed to Def. (Date) _____

Copy mailed to Pltf. Atty. (Date) _____

Copy mailed/faxed to (identify) _____

FINAL Ord. Out to Service: _____ Done: _____

ISLAND COUNTY SHERIFF
101 NE 6th Street/PO Box 5000
Coupeville, WA 98239-5000
360 678-4422/629-4523 x 7310
321-5113 x 7310