

IN THE JUSTICE COURT FOR THE STATE OF OREGON
FOR THE COUNTY OF MORROW

Plaintiff

vs.

Defendant(s)

)
)
)
)
)
)
)
)
)
)
)

NOTICE OF RESTITUTION
Non-Compliance With a Court Agreement
Residential Eviction

TO: _____
Defendant

Street address and city of rental property occupied by Defendant

Mailing address (if different than street address and city of rental property occupied by Defendant)

DEADLINE TO MOVE OUT

MOVE OUT DATE: _____

The Court has ordered you to move out of the property. You must move out no later than 11:59 p.m. on the Move Out Date.

If you and everyone else living there do not move out by that time, the Sheriff will physically remove you. You must also move out all your belongings by that time. Anything you leave behind you will be stored or disposed of as allowed by law.

Court Certified Copy stamp below

Dated this ____ day of _____, 20__

Justice of the Peace signature

Court Clerk

Plaintiff Mailing Address

Plaintiff City, State, Zip

Plaintiff Phone Number

Instruction to Sheriff : Officer Safety Serving of papers

Court Case # _____ the party
I, (print name) _____ requesting service in this case, hereby request the Sheriff of Morrow
County to serve the following **** List all Documents:**

The name of the person(s) or Corporation to be served:

The defendant is to be served as
An individual
A corporation or limited partnership
The Address of the party or corporation to be served is as follows
(Specify NE, N, SE, S), etc:

Risk Analysis (check all that apply)

*To the best of my knowledge and belief the party to be served displays
or possesses the following:*
Weapons (knives, guns, swords, traps) specify type and location on
property or if person carries weapon with them:

Dogs (Breed, Location on Property

Gang/Violent Organization Affiliation (Specify what type of activity that
leads you to believe this)

Past Violence (specify

Drugs & Alcohol (specify type and frequency of
use):

Mental Status: impression (or known psychosis):

Other:, specify: _____

Identification of person to be served

Name: _____
Nickname of Former name(s) _____
Date of Birth or approximate Age: _____
Sex: _____ Height: _____ Weight _____ Scars and/ or
Tattoos _____

Vehicles Driven by party (specify make/model/color/ license plate if
known: _____

Other: specify) _____

Your contact Information

Name _____
Home Address: _____
Mailing Address: _____
Day Phone _____ Message ph one _____
Work Phone _____ Cell Phone _____

Signature of Attorney or Party requesting Service:
Signature: _____ Date: _____

*****Please note that failure to complete this information could delay the
service or execution of you process or could result in returning you
paperwork if it is unclear to the sheriff precisely who you want served,
etc Personal injury to a deputy sheriff could also result by omitting an
information. This information will be used solely for the execution of
process and for officer safety purposes. Information provided could be
subject to disclosure under ORS chapter 192. You assistance is greatly
appreciated.**