

Writ of Execution of Judgement of Restitution

In the Justice Court of the State of Oregon
County of Morrow
Irrigon District

Docket No.

Defendant:

This was an eviction action for possession of the following premises:

Address

City

State

Zip

County

Judgment was rendered on that the Plaintiff is entitled to restitution of the premises and that the Plaintiff may be entitled to court costs and disbursements.

In the name of the State of Oregon, you are ordered to enforce and serve this writ on the Defendant, in the manner provided in ORS 105.161:

You are ordered to enter the premises and remove the Defendant and any other individual present on the premises who are subject to the judgement and return possession of the premises to the plaintiff. You may use all reasonable force that may be necessary to enter the premises and remove individuals who are subject to the judgement.

The Plaintiff shall be responsible for removing, storing, and disposing of any personal property left by the Defendant on the premises following the removal of the Defendant and the return of possession of the premises, as provided by ORS 105.165

Dated this ____ day of _____, 20____.

Justice of the Peace Signature

Court Clerk

Plaintiff

Plaintiff Phone Number

Plaintiff Address

Court Certified Copy Stamp Below

Instruction to Sheriff : Officer Safety Serving of papers

Court Case # _____
I, (print name) _____ the party
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 _____ Scores 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. Your assistance is greatly
appreciated.**