



# Douglas County Sheriff's Office

1316 N. 14<sup>th</sup> Street • Suite 100 • Superior, Wisconsin 54880

## WRIT OF RESTITUTION (EVICTION) PROPERTY MEMO

Douglas County Court Case Number: \_\_\_\_\_

Submitted by: *(Please print)* \_\_\_\_\_  
(circle one) Plaintiff / Plaintiff's agent / Plaintiff's attorney

Plaintiff, if submitting as agent or attorney \_\_\_\_\_

Plaintiff's Address: \_\_\_\_\_

Defendant(s): \_\_\_\_\_

Property Address: \_\_\_\_\_

Defendant's Phone #: \_\_\_\_\_

Contact person and number for lock change: \_\_\_\_\_

\_\_\_\_\_

The judgment plaintiff requests that the Douglas County Sheriff's Office execute the Writ of Restitution in regards to above mentioned court case and reference §799.45 and/or §815.11 Wis Stats. The Plaintiff has determined that the Writ shall be executed in the following manner (**must select one option and initial**):

\_\_\_\_\_ **The Plaintiff has chosen to use an insured and bonded mover and pay all fees associated with that mover, if eviction occurs. The Plaintiff has also submitted a non-refundable prepayment for a deputy stand-by of the move (\$100 non-refundable deposit for 1 hour deputy stand-by. Additional stand-by time will be billed at \$80 per hour. Plaintiff will schedule the move at a date other than eviction date).**

\_\_\_\_\_ **The Plaintiff does not meet the requirements of §704.05(5), nor will the Plaintiff use an insured and bonded mover to store Defendant's belongings, but does certify they will store the Defendant's belongings in the residence for 30 days and will send notice in accordance to §799.45(4) Wis Stats.**

\_\_\_\_\_ **The Plaintiff or Plaintiff's agent shall be responsible for the removal, storage and/or disposal of all personal property in accordance with §799.45(3m) Wis Stats. The Plaintiff/Plaintiff's agent certifies that the notice requirements of §704.05(5) Wis Stats have been met. If requested, the Sheriff's Office may assist in the supervision of removal of all personal property; the Plaintiff will be invoiced for deputy time of \$80 per hour for any stand-by time over 1 hour.**

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**DOUGLAS COUNTY SHERIFF'S OFFICE**  
**WRIT OF RESTITUTION SERVICE NOTES**

Case Names: \_\_\_\_\_ Case Number: \_\_\_\_\_

Address of Eviction: \_\_\_\_\_

Total Number of Occupants: \_\_\_\_\_ Number of Children and Ages: \_\_\_\_\_

**Number of and Types of Pets:** \_\_\_\_\_

Please check any of the following which may apply to this residence:

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> Firearms/Weapons History | <input type="checkbox"/> Mobility Issues                         | <input type="checkbox"/> Language Barriers |
| <input type="checkbox"/> Drug/Alcohol Issues      | <input type="checkbox"/> Medical Issues                          | <input type="checkbox"/> Hearing Impaired  |
| <input type="checkbox"/> Cognitive Delays         | <input type="checkbox"/> Mental Health Issues                    | <input type="checkbox"/> Vision Impaired   |
| <input type="checkbox"/> Hoarding                 | <input type="checkbox"/> Assigned Social Worker/<br>Case Manager |  |

Additional Officer Safety/General Information: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Tenants/Occupants (18 years and older):

Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Name: \_\_\_\_\_ DOB: \_\_\_\_\_