



# Sheriff's Mandatory Eviction Data Form

An incomplete data form may prevent or delay scheduling your eviction.  
Key/card/access code must be provided to secured access properties.

Benton County Superior Court case number: \_\_\_\_\_

Check all that apply:

Commercial	Residential	Foreclosure	Mobile Home	Who owns the mobile?
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____

Contact person or Landlord (*person with whom the detective will coordinate the eviction*):

Name: \_\_\_\_\_ Cell: \_\_\_\_\_  
 Direct Office phone: \_\_\_\_\_ Ext: \_\_\_\_\_  
 E-mail: \_\_\_\_\_

Eviction property address, *include complex or business name as it appears on property & zip code*:

Is this a secured building?  Yes  No If yes, key or entry code required: \_\_\_\_\_

Is there on-site management?  Yes  No Management office hours: \_\_\_\_\_

## Tenant Information

Please list the full names and dates of birth for the tenants and others known to be residing at this property.

Full name (First, Middle, Last):	Date of birth, driver's license # or state ID#:	Contact phone number(s) for tenant:

Number of children and approximate ages:

## Hazard Information

To the best of your knowledge, answer the following:

Have police ever responded to the property?  Yes  No  
 Do tenants have suspected mental health issues?  Yes  No  
 Suspected drug activity?  Yes  No  
 Threats or acts of violence?  Yes  No  
 Suspected weapon(s) at property?  Yes  No

**If yes, please explain:**

**\*Plaintiff/Landlord will be responsible to make arrangements for towing of any mobile/RV for the date and time of final eviction.**

Reason(s) for the eviction:

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Are there any detached storage units or garages?  Yes  No

List types of pets known to be living at the residence: \_\_\_\_\_

Do the tenants have any disabilities/mental health conditions that will require special accommodations?  Yes  No

***If yes, please include other agencies to be contacted, caseworker's name other family contacts, phone #'s etc:***

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**Any additional information:**

**Form completed by:**

Print name

I have conducted a diligent search for the information requested by the Benton County Sheriff's Office.

Signature

Date