

**SUPPLEMENTAL ATTACHMENT TO SER-001A**

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

{3. a(1)} \_\_\_\_\_

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

{3. a(4)} This eviction is a result of:  Failure to Pay Rent  Violation of Agreement  Illegal Activity

Please specify WHICH TENANT any explanation below pertains to (e.g. “John Doe is a known gang member” or “Jill Doe is bed-ridden” or “Jack Doe speaks Spanish only”).

(1) Are the tenants, occupants or visitors involved with DRUGS or GANGS?  No  Yes  Unknown

If yes, explain below:

(2) Do the tenants, occupants or visitors OWN or POSSESS WEAPONS?  No  Yes  Unknown

If yes, explain below:

(3) Have the tenants, occupants or visitors been VIOLENT or made any THREATS towards you, Law Enforcement or anyone else?  No  Yes  Unknown

If yes, explain below:

(4) Do you know of any ILLEGAL ACTIVITY/PRIOR POLICE CONTACT that may be taking place at this address?

No  Yes

If yes, explain below:

(5) Are there any SECURITY CAMERAS on the property?  No  Yes

If yes, state where they are located:

(6) Are there DOGS in the subject property?  No  Yes  Unknown

If yes: How many?                      Size(s)?                      Breed(s)?

(7) Are there ELDERLY, BED RIDDEN or DISABLED tenants in the subject property?  No  Yes  Unknown

If yes, explain below:

(8) Are there CHILDREN in the subject property?  No  Yes  Unknown

If yes: How many?                      Approximate Age(s)?

{4}. Is there an Access/Gate code required to gain entry?  No  Yes, the code is:

{5. f} Who will be meeting the Sheriff’s Deputy at the time of eviction/restoration?

Name: \_\_\_\_\_ Cell Phone #: \_\_\_\_\_