

(Bank Account Levy)

**INSTRUCTIONS TO THE SHERIFF OF THE COUNTY OF RIVERSIDE**

The Sheriff must have written, signed, instructions by the attorney for the creditor, or the creditor if he/she has no attorney in accordance with CCP 262; 687.010. [www.riversidesheriff.org/services/](http://www.riversidesheriff.org/services/)

Court Services • Central  
30755-D Auld Rd., Ste. L067  
Murrieta, CA 92563  
951-304-5050 • FAX 951-304-5066

Court Services • East  
46200 Oasis St., Rm B15  
Indio, CA 92201  
760-863-8255 • FAX 760-863-8919

Court Services • West  
4095 Lemon St., 4<sup>th</sup> Floor  
Riverside, CA 92501  
951-955-2420 • FAX 951-955-6155

\_\_\_\_\_  
Plaintiff VS \_\_\_\_\_  
Defendant  
\_\_\_\_\_  
Court Case Number \_\_\_\_\_  
Levying Officer File Number

*Provide the original writ and four photocopies of the original writ, together with appropriate fees. Please type or print legibly.*

1. Name(s) of the judgment debtor(s) whose property is subject to this levy:  
\_\_\_\_\_  
\_\_\_\_\_
2. Judgment debtor's last known address  
\_\_\_\_\_  
\_\_\_\_\_
3. Name and address of the bank or financial institution:  
\_\_\_\_\_  
\_\_\_\_\_
4. In order to assist the financial institution in identifying and locating the account(s) to be levied upon, please provide a description of the account(s) in the space below. Include any account number and judgment debtor's social security number (if known):  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
5. If the account also names, lists or includes a person other than the judgment debtor, provide the name and address of the third person(s):  
\_\_\_\_\_  
\_\_\_\_\_
6. List the total of all credits or partial satisfactions you have received from the judgment debtor after the writ was issued: \$\_\_\_\_\_

*All communications, refunds, and collections will be made to the name and address listed below:*

\_\_\_\_\_  
Signature of attorney (or party without an attorney) \_\_\_\_\_ Date

\_\_\_\_\_  
Print name of attorney (or party without an attorney)

\_\_\_\_\_  
Address of attorney (or party without an attorney) Number, Street, City, State, ZIP Code

\_\_\_\_\_  
Telephone Number

\_\_\_\_\_  
Cell Number

\_\_\_\_\_  
E-Mail Address

\_\_\_\_\_  
FAX Number