



KEWAUNEE COUNTY SHERIFF'S DEPARTMENT

620 Juneau Street
Kewaunee, Wisconsin 54216
Telephone: 920-388-3100
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MATTHEW J. JOSKI
SHERIFF

WRIT OF RESTITUTION PROPERTY MEMO:

Case Names: _____ vs _____
(Plaintiff) (Defendant)

Kewaunee County Circuit Court Case Number: _____

Memo completed by (print): _____
(circle one) Plaintiff Plaintiff's Agent Plaintiff's Attorney

The judgment plaintiff requests that the Kewaunee County Sheriff's Department execute the Writ of Restitution in the above-captioned action. The Plaintiff understands that the Writ of Restitution shall be executed in the following manner (**INITIAL BY EACH LINE**):

_____ The Kewaunee County Sheriff's Department, upon execution of the Writ of Restitution, shall remove from the premises described in the writ the person of the defendant and all other persons found upon the premises claiming under the defendant using such force as reasonably necessary *WI SS 799.45(2)(a)*. It is recommended that the Plaintiff/Property Owner changes the locks at the time the property is turned over by the Sheriff's Department.

_____ The Plaintiff or Plaintiff's Agent shall be responsible for the removal and storage/disposal of all personal property found in the premises in accordance with *WI SS 799.45(3m)*. ** The Plaintiff/Plaintiff's Agent certifies that the notice requirements of *WI SS 704.05(5)* have been met.

**The Plaintiff/Plaintiff's Agent may request that the Kewaunee County Sheriff's Department supervise the removal and handling of the property by the Plaintiff or Plaintiff's Agent. This will be conducted by appointment only, and on a date other than that of the scheduled eviction. A fee of \$75.00/hour per deputy will be assessed and billed to the Plaintiff/Agent accordingly.

FEES: -Posting fee of \$75.00 (includes mileage)
-PRE-PAYMENT OF POSTING FEE IS REQUIRED.

Completed by (signature): _____ Contact number: _____

Law Incident No: _____

Date of Eviction: _____

WRIT OF RESTITUTION SERVICE NOTES

Case Names: _____ vs _____
(Plaintiff) (Defendant)

Address of Eviction: _____

Total number of occupants: _____

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 Barrier |
| <input type="checkbox"/> Aggression | <input type="checkbox"/> Drug/Alcohol Issues | <input type="checkbox"/> Pets/Aggressive Dogs |
| <input type="checkbox"/> Mental Health Issues | <input type="checkbox"/> Cognitive Delays | <input type="checkbox"/> Vehicles |
| <input type="checkbox"/> Elderly Individuals | <input type="checkbox"/> Adults/Children with Special Needs | |
| <input type="checkbox"/> Mental Health Issues | <input type="checkbox"/> Assigned Social Worker/Case Manager, etc. | |
| <input type="checkbox"/> Medical Issues | <input type="checkbox"/> Probation/Parole | <input type="checkbox"/> Short-Term Traffic |
| <input type="checkbox"/> Veteran/Military | <input type="checkbox"/> Registered Sex Offender | <input type="checkbox"/> Hearing Impaired |
| <input type="checkbox"/> Hoarding | <input type="checkbox"/> Children | <input type="checkbox"/> Vision Impaired |

Additional officer safety/general information: _____

Tenants/Occupants (18 years and older):

Name: _____ DOB: _____

Name: _____ DOB: _____

Name: _____ DOB: _____

Name: _____ DOB: _____

Name: _____ DOB: _____