(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.

	0 10 1 0 1	nttp://www.riversides		По то т	
_		☐ Court Services 46200 Oasis St., R		Court Services • West 4095 Lemon St., 4 th Floor	
		Indio, CA 92201	11 11 13	Riverside, CA 92501	
		760-863-8255 • FA	X 760-863-8919	951-955-2420 • FAX 951-955-6155	
	Plaintiff	vs		Defendant	
Plamun			Deteridant		
	Court Case Number		Levying	Officer File Number	
Prov	ride the original writ and appr	opriate fees. Pleas	e type or print le	egibly.	
1.	Name(s) of the judgment	dehtor(s) whose pr	poerty is subject	to this lever	
١.	riame(3) of the judgment	debtor(3) whose pro	perty 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 provi	levied upon, please provide a description of the account(s) in the space below. Include			
	any account number and	judgment debtor's s	ocial security n	umber (if known):	
	•		•	,	
5.		If the account also names, lists or includes a person other than the judgment debtor,			
	provide the name and add	dress of the third pe	rson(s):		
6.	List the total of all gradity	or partial actiofoc	tions you have	received from the judgment	
0.	debtor <u>after</u> the writ was is		lions you have	received from the judgment	
	<u></u>	· · · · · · · · · · · · · · · · · · ·			
All c	ommunications, refunds, and	l collections will be	made to the nan	ne and address listed below:	
Sign	ature of attorney (or party wi	thout an attorney)		Date	
Print	name of attorney (or party w	vithout an attorney)			
Addr	ress of attorney (or party with	out an attorney) Nu	mber, Street, C	ity, State, ZIP Code	
Telephone Number		Cell	Cell Number		
E-Mail Address		FAX	FAX Number		