



SHERIFF

WASHINGTON COUNTY

RISK ASSESSMENT for EVICTION ACTION

Tenants / Occupants:

Name: _____ DOB or age: _____

Name: _____ DOB or age: _____

Name: _____ DOB or age: _____

Name: _____ DOB or age: _____

Has anyone made threats of violence? Yes No

Behavioral Health Concerns? Yes No

Recent criminal activity at property? Yes No

Drug or gang activity? Yes No _____

Approximate number of people on scene: _____

Other threats: Yes No _____

Any other information you would like to provide:

Landlord / representative's contact info:

Name: _____ Phone# _____ Phone# _____