



High Court Solutions

EFFECTIVE IN ENFORCEMENT

EMPLOYMENT TRIBUNAL INSTRUCTION FORM

Please return form to: High Court Solutions, CWG House, Market Rasen, Lincolnshire LN8 3HA

OR

Email to admin@highcourtsolutions.co.uk

Please make payment for Transfer up to High Court Solutions Sort Code: 40-30-26 Account No: 51493183 Ref: "Debtor name" or alternatively a cheque made payable to High Court Solutions

Instructions for High Court Solutions to take action		Our Ref:	
Instruction from:			
Contact Name:		Client Reference:	
Company Name:			
Address:			
Postcode:			
Email Address:			
Telephone:			
Claimant Details: (if different from above)			
Claimant Name:			
Address:			
Postcode:			
Email:			
Telephone			
Defendant Details:			
Defendant Name:			
Address:			
Postcode:			
Email:			
Telephone			
Court Case Details:			
County Court Issuer:			
Date of Judgement:			
Judgement Debt £:			
Judgement Cost £:			
Additional Assessed Costs:			
Date of Award of Additional Costs:			
Total Interest Account £:			
Interest Rate Percentage:			
Total of Payment(s) Rec'd since Judgement £:			
Additional Instructions including any information such as further addresses to attend at and details of any specific asset of debtor etc			

CWG House, Gallamore
Lane, Market Rasen,
Lincolnshire LN8 3HA
Tel: 0300 303 3220
Fax: 0300 303 3221

About the Defendant:	
Are there any details of the defendant on the internet?	<input type="checkbox"/> Yes <input type="checkbox"/> No [Please tick as appropriate]
If yes please give details:	
Are you aware of any recent changes in the Defendant's circumstances?	<input type="checkbox"/> Yes <input type="checkbox"/> No [Please tick as appropriate]
If yes please give details:	
Do you have the details of any vehicles the defendant owns?	<input type="checkbox"/> Yes <input type="checkbox"/> No [Please tick as appropriate]
If yes please give details:	
Make:	Model:
Registration No:	
Make:	Model:
Registration No:	
Do you have details of any other assets owned by the defendant?	<input type="checkbox"/> Yes <input type="checkbox"/> No [Please tick as appropriate]
If yes please give details:	

NOTES:
Please Provide any other information that may assist enforcement? (Use separate paper if required)

BANK DETAILS FOR SUCCESSFUL COLLECTIONS:			
Bank:		Account Name:	
Sort Code:		Account No:	

Authorisation and Signature:	
I authorise High Court Solutions and / or their appointed agent to obtain (if applicable) and enforce a High Court Writ of Control	
By Signing this authorisation you hereby agree to the terms and conditions as published on our website and agree to collected payments being made to you on either 1st or 15th of the month , taking account of the requisite minimum 14 days holding period. Furthermore, you are signing to accept that you will pay £51.75 towards administration relating to the transfer up process (where applicable). In signing this authority you hereby indemnify High Court Solutions and/or their agent against any/all Actions at Law, as well as against all costs, charges or expenses which we may incur or be liable to pay by reason of High Court Solutions executing the Writ.	
Print Name:	Sign:
Date:	[Day / Month / Full Year]

Attachments:	Sealed County Court Judgment (including claim details)	<input type="checkbox"/> Yes <input type="checkbox"/> No [Please tick as appropriate]
AND/OR	Notice of Judgment Entered AND Application for Judgment	<input type="checkbox"/> Yes <input type="checkbox"/> No [Please tick as appropriate]
	Writ of Control	<input type="checkbox"/> Yes <input type="checkbox"/> No [Please tick as appropriate]
Other:		