



# Money judgment transfer up Instruction form

\*Required fields

## SOLICITORS/CONTACT DETAILS

Are you an existing client?*	Yes	No
Are you instructing us as the solicitor or directly as the claimant?*		
Solicitor/barrister	Claimant	
If you are the claimant, do you have access to in-house legal advice?*		
Yes	No	
Title*	First name*	
Surname*		
Company name		
Company registration number		
Address*		
Town / city*		
County*	Postcode*	
DX (if applicable)		
Telephone*		
Email address*		
Your reference		

## CLAIMANT DETAILS

Are you an individual or a business?*	Individual	Business
Is the claimant VAT registered?*	Yes	No
Title*	First name*	
Surname*		

To submit a transfer up request simply complete the following form, attach a copy of the judgment and the court fee and post or email it to:

**The Sheriffs Office,**

Helix, 1st floor, Edmund Street, Liverpool, L3 9NG

**DX:** 14104 Liverpool

**E:** transferup@thesheriffsoffice.com

**T:** 0333 001 5100

**F:** 0333 003 5120

## CLAIMANT DETAILS CONT

Company / Trading name
Company registration number (if applicable)
Address*
Town / city*
County*
Postcode*

## JUDGMENT DETAILS

Is it a County Court judgment or a High Court order?*	
County Court judgment	High Court order
Court of issue*	Court claim No*
Judgment date*	Judgment amount*
Additional costs*	Interest rate (%)* (default 8%)
Post Judgment credit* (any payment received since judgment)	
Was the judgment obtained by default?*	
Yes	No
Please provide a brief summary of what the debt relates to	
Approximately when was the debt incurred	
/	/ (day/month/year)
Additional information* (i.e. fax, email, mobile, car, asset details, any details of the judgment debtor on the internet i.e. social media)	
Please send a copy of the judgment or order with this form	



## DEFENDANT DETAILS

Is the defendant an individual or a business?\*

Individual

Business

Title\*

First name\* (exactly as shown on the judgment)

Surname\* (exactly as shown on the judgment)

Is the enforcement address residential or commercial?\*

Residential

Commercial

Company / Trading name

Address\*

(this should be either the debtor's main residence or trading address if a business)

Town / city\*

County\*

Postcode\*

Do you authorise us to enforce at this address?\*

Yes

No

Telephone\*

Tel (home)

Tel (mobile)

Tel (work)

Trading address (sole trader)

Town / city\*

County\*

Postcode\*

Registered address (if known)

Town / city

County

Postcode

## ABOUT THE DEBTOR

Debtor's date of birth (if known)

/

/

(day/month/year)

Are there any details of the debtor on the internet?

Yes

No

If yes, please provide details

Are you aware of any recent changes in the debtor's circumstances?

Yes

No

If yes, please provide details

Do you have the details of any vehicles the debtor uses?

Yes

No

If yes, please provide details (registration number)

Do you have details of any other assets owned by the debtor?

Yes

No

If yes, please provide details

Please provide any other information that may assist enforcement?

(use a separate sheet if required)



## PAYMENT

### Claimants in person

Claimants in person have two fees to pay at the time of instruction. When enforcement of the judgment is successful, these fees are recovered from the defendant and refunded to you.

Court fee to transfer up to the High Court - £80  
Compliance fee - £90 (£75 + VAT)

**Fee payable - £170**

### Solicitors and approved customers

Solicitors and approved customers pay the £80 court fee at the time of instruction, or on agreed credit terms, and undertake to pay the £75 + VAT compliance fee on receipt of invoice in the event that enforcement is not successful.

**Fee payable - £80**

**Please indicate how you would like to pay:**

**By invoice. NB: this must be paid before the enforcement can commence.** (Please provide invoice contact details below\*) **unless you have an agreed invoice arrangement with us**

**A PBA number with covering letter authorising SHCE Ltd to act on your behalf, sent to the address below. Please provide your PBA number here:**

**By bank transfer to SHCE Ltd, NatWest Bank plc, sort code 60-01-04, account number 41559274.** Please ensure you use your name/company name as the reference on your payment

### \*Invoice details

If paying by invoice, please provide details of the person to whom the invoice is to be sent

**Contact name**

**Email address**

**Telephone**

**Address** (if different to above)

**Postcode** (if different to above)

## REMITTANCE BANK DETAILS

Please provide details of the bank account into which any monies we recover through enforcement, should we be successful, are to be paid:

**Account name**

**Bank name**

**Sort code**

**Account number**

**Remittance email address**

By providing us with the bank account details above, you are authorising us to store this information on our case management system and pay any recovered funds into this account.

## DECLARATION

I have read the terms and conditions, available at [thesheriffsoffice.com/terms](https://thesheriffsoffice.com/terms)

I agree to the terms and conditions and confirm that to the best of my knowledge the contents of the form are true.

Please send me your monthly newsletter, details of eBooks, webinars and events. I acknowledge that I can unsubscribe at any point by clicking on the "unsubscribe" link in the email. Please read our [privacy policy](#).

**Signature\***

**Date\***