

**INSTRUCTION TO TRANSFER UP AND ENFORCE A COUNTY COURT ORDER OF
POSSESSION BY WRIT OF POSSESSION**

INSTRUCTION FORM

REF:

Company Name:

Contact Name:

Address:

Email:

Postcode:

Telephone:

Mobile:

Your Ref:

AUTHORISATION

I authorise Cornwall Bailiffs, their lawyers, officers and agents to obtain and enforce a High Court Writ of Possession, and to sign any court form necessary for the purpose of enforcing my judgment including County Court Form N244 or any Statement of Truth required in support of my application to enforce my judgment. I authorise the County Court to return the completed N244 direct to Cornwall Bailiffs and / or to correspond directly with Cornwall Bailiffs regarding my application.

DETAILS OF THE LANDLORD OR AGENT WHO WILL BE PRESENT ONSITE:

Contact Name: _____

Contact Company: _____

Telephone: _____ Email: _____

Please indicate your preferred day and time for the eviction to take place:

MON TUE WED THUR FRI SAT SUN MORNING AFTERNOON EVENING

ADDITIONAL INFORMATION

Location of trespassers/ occupiers: Land Residential Commercial

Status of trespassers/ occupiers: Squatters Protesters Tenants Trespassers Mortgagees

How many trespassers/ occupants are present? (over 16 years and over): _____

If on land, how many vehicles/caravans are present: _____

How many of the following are on site: Entrances: _____ Floors: _____ Rooms: _____ Animals: _____

Method of entry/locksmiths will be arranged (unless otherwise specified). If applicable, please provide details of any electronic doors/gates or shutters:

Are there any children (under the age of 16) animals or hazardous materials at the address (if yes please provide further details):

Does the defendant have any previous convictions: YES NO

Has the defendant ever used any form of violence or threatening behaviour: YES NO

Police Log/Incident Number: _____

Please provide any further information that may be relevant or useful:

Have any provisions been made to secure and/or sanitise the property or land upon vacant possession to avoid repeat costs/hazards, if yes please provide details:

*By submitting this authorisation, you hereby agree to the terms and conditions as laid out on our website.
Terms and conditions are available to view at www.cornwallbailiffs.co.uk/terms-and-conditions.*

Signed: _____ Date: / / (day/month/year)