



Thank you for downloading our **Debt Collection Instructions Form.**

This form to help you gather together the information needed to help us commence the debt collection process on your behalf.

Please fill in as much detail as possible.

Then scan and email it to us at info@my-solicitor.net

or **fax it to 003534784610**

or **post it to 21 Hillside, Monaghan, Co Monaghan, Ireland.**

If you just hate filling out forms contact us and we will prepare everything for you.

REMEMBER. If in doubt JUST ASK.

Thomas G Myles.

Solicitor

info@my-solicitor.net

TEL: 1890 383005



FORM OF REFERRAL FOR DEBT RECOVERY

Your Name: _____
Address: _____
Occupation: _____
(e.g. Sole Trader, Ltd Co., Partnership, Businessperson, Co. Director etc)
Tel No: _____ Email _____

Debtor Mr/Mrs/Miss: _____
(Individual/Ltd/Not-Ltd/Firm) _____
Last Known Address: _____
Any Other Addresses: _____
Occupation: _____ Tel No (if any): _____

Amount of Debt: _____
Reason for Debt: _____

Supporting Documentation (enclose copy) : YES / NO
Disputed? _____ Why? _____
Last Payment Date: ____/____/____ Last warning Date: ____/____/____
Method of Interest Calculation: _____
(If agreed in contract): _____

Guarantor (if any): Mr/Mrs/Miss: _____
(Individual/Ltd/Not-Ltd/Firm): _____
Last Known Address: _____
Tel No. (if any): _____
Remarks: _____

Are you Aware
That debtor: _____
Is still trading? YES / NO Still at Address? YES/NO
Will you accept settlement figure? _____

FOR OFFICE USE ONLY

INITIAL LETTER ____/____/____ PROCESS STAMPED ____/____/____
PROCESS SERVED ____/____/____ PROCESS ENTERED ____/____/____
HEARING ____/____/____ ADJOURN ____/____/____
JUDGEMENT ____/____/____ ENFORCE TYPE ____/____/____