

Housing and Property Chamber

First-tier Tribunal for Scotland



Glasgow Tribunals Centre
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GLASGOW
G2 8GT

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0141 302 5900

Application for a Time to Pay Order

Application for a “time to pay order” under the Debtors (Scotland) Act 1987

The Debtors (Scotland) Act 1987 (“the 1987 Act”) gives a debtor the right to apply for a time to pay order where an Order for payment has been made against them after the commencement of diligence but before its conclusion. A time to pay order is an order permitting you to pay the sum of money you are required to pay to the creditor (which may include interest) either by way of instalments or a deferred lump sum.

This form is in two parts. Part A should be completed by you as the debtor who wishes to apply for a time to pay order. Part B is for the creditor to respond to your application.

When you have completed Part A of the form, and signed it, you should take a copy of the whole form to send to the tribunal with the required attachments.

The original must be sent to the creditor so that they can review your application in Part A and make their response using part B

Failure to send the form to the creditor can mean your application will be rejected by the tribunal as it is a requirement of the legislation that you do so. If you do not make a valid application before diligence commences on the debt, then you may be unable to apply for time to pay.

PLEASE COMPLETE THIS FORM USING BLOCK CAPITALS AND BLACK INK

PART A TO BE COMPLETED BY THE DEBTOR

1. YOUR DETAILS

Name

Address

Telephone

Email

2. DETAILS OF THE PAYMENT ORDER AND ACTIONS TAKEN

a An application for a time to pay order can only be made where a Payment Order has been made by the Tribunal. Please confirm details of the payment order below.

Case Reference Number (of case in which the Payment Order was made) **FTS/HPC/**

Sum awarded in Payment Order: £

Amount outstanding at date of application (if less than the sum awarded) £

b In terms of Section 5(1) of the Debtors (Scotland) Act 1987, a time to pay order applies to a debt in respect of which one of the following has already occurred. Please select which option applies:

A charge for payment has been served on the debtor

An arrestment has been executed

An action of adjudication for debt has commenced

Please confirm by ticking this box that all relevant paperwork in relation to the action above is attached to the application

3. YOUR REQUEST FOR A TIME TO PAY ORDER

I wish to apply for a time to pay order in the following terms:

Instalments

i. Amount: £

ii. Every week fortnight month
until payment has been made in full.

One lump sum payment

iii. Within this time period:

(specify a period in weeks/months from the date of the time to pay order to pay all money due under the Order for Payment)

The Tribunal will make a time to pay order if satisfied that it is reasonable in the circumstances to do so and having regard in particular to the following matters –

- The nature of and reasons for the debt in relation to which the order is sought;
- Any action taken by the creditor to assist the debtor in paying the debt;
- The debtor's financial position;
- The reasonableness of any proposal by the debtor to pay that debt; and
- The reasonableness of any refusal or objection by the creditor to any proposal or offer by the debtor to pay the debt.

4. YOUR FINANCIAL POSITION

To assist the Tribunal in making a decision on whether to make a time to pay order, please give as much details as you can on your current financial position, by completing this section of the form.

a. Your employment status (tick one):

- Employed
 Self Employed
 Unemployed

b. If you are employed, give further details here (tick one item from each row):

- Full Time
 Part-time
 Zero Hours

- Permanent
 Temporary
 Other

c. Further information about employment (for example end date for temporary contracts)

Your income and outgoings

Please complete sections d and e below with all the information that applies to your circumstances, and specify whether each amount is a weekly, fortnightly or monthly figure. For any wages you are paid, please provide the net earnings you receive.

d. Income

Your take home (net) pay is made up of:

weekly fortnightly monthly

1. Wages

2. Bonuses/Commission

3. State Benefits

4. Tax Credits

5. Other, such as pension, maintenance etc (please specify)

a.

b.

c.

6. TOTAL NET INCOME

4. YOUR FINANCIAL POSITION (continued)

1. Mortgage/Rent	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Council Tax	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Utilities (Gas/Electricity etc)	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Food	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Credit and loans	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Phone	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Maintenance/childcare costs	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Travel Costs (e.g to work)	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Other (please specify)				
a.	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b.	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c.	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. TOTAL NET OUTGOINGS	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

5. DEPENDANTS LIVING WITH YOU

Spouse/partner

Children under 18 years of age

If selected, how many children?

6. ASSETS AND DEBTS

a List here all assets you have, with their relevant monetary value:

(this can include the value of your house, and the amount of any savings, shares and other investments)

7. ABOUT YOUR APPLICATION (continued)

c. Why is the payment offer you have made reasonable?

8. DETAILS OF THE CREDITOR

Name

Address

Telephone

Email

9. DECLARATION AND SIGNATURE

Please tick the boxes on the right to confirm agreement with the statements below:

I acknowledge that Tribunal Rule 41 H states that I must serve a copy of this application on the creditor. I confirm that I have served a copy of this application on the creditor and I attach evidence of service (sent email/ recorded delivery slip). I acknowledge that the Tribunal will not be able to accept the application until these documents have been provided. (It is recommended that a copy of any recorded delivery receipt sent to the Tribunal is retained).

I request that the Tribunal make a time to pay order

NAME

Signature

Date

PART B (TO BE COMPLETED BY THE CREDITOR)

Response to a time to pay order application under the Debtors (Scotland) Act 1987

The Debtors (Scotland) Act 1987 gives the debtor (the respondent) the right to apply for a time to pay order where an Order for payment has been made against the debtor and a charge for payment has been served on the debtor; an arrestment has been executed, or an action of adjudication for debt has commenced.

A time to pay order is an order permitting the debtor to pay the sum of money they are ordered to pay to the creditor either by way of instalments or a deferred lump sum. When such an application is received, you are entitled to give your view on whether or not you consent to the terms of the time to pay order application.

If you do not consent you should submit your reasons for objecting to the application to the tribunal within **14 days** of receipt of the application from the debtor. Your reasons will be considered by the tribunal before a final decision is made. **It is important that if you wish to object to the application that you respond to the tribunal within 14 days of receiving intimation of it.**

Please complete the form below and send it to the First-tier Tribunal for Scotland Housing and Property Chamber using the address at the end of the form.

If you are in any doubt about completing this form you should seek legal advice.

PLEASE COMPLETE THIS FORM USING BLOCK CAPITALS AND BLACK INK

1. YOUR DETAILS

Name

Address

Telephone

Email

Reference number of case with Payment Order: **FTS/HPC/**

