



CIV: _____

(Office use only)

Form 8: Request to Enforce Part of an Agreed Settlement



What is this form for?

Use this form if you wish to have enforced a term of an agreed settlement that has not been complied with.

Completing and this form submitting

1. Fill in all sections below.
2. Print in CAPITAL LETTERS.
3. Check, before submitting this form, that it is complete and that you have signed and dated it.
4. Submit this form by post or in person to the District Court where your original Disputes Tribunal claim was heard.

Part 1: Applicant (individual or organisation)

Individual's family name(s):

Individual's first name(s):

Organisation's name (if a corporation and unincorporated body of persons, for example, an individual's employer):

Attention (organisation's contact):

Physical address (A physical address is required)

Street or road (number and name):

Rural delivery number:

Suburb:

City, town or district:

Postcode:

Postal address (if different from physical address)

Street or road (number and name):

Rural delivery number:

Suburb:

City, town, or district:

Postcode:

Contact details

Daytime telephone number: ()

Mobile telephone number:

Email address:

Part 2: First respondent (individual or organisation)

Individual's family name(s):

Individual's first name(s):

Organisation's name (if a corporation or unincorporated body of persons, for example, an individual's employer):

Attention (organisation's contact):

Physical address (A physical address is required)

Street or road (number and name):

Rural delivery number:

Suburb:

City, town or district:

Postcode:

Postal address (if different from physical address)

Street or road (number and name):

Rural delivery number:

Suburb:

City, town, or district:

Postcode:

Contact details

Daytime telephone number: ()

Mobile telephone number:

Email address:

Part 3: Second respondent (if any, individual or organisation)

Individual's family name(s):

Individual's first name(s):

Organisation's name (if a corporation or unincorporated body of persons, for example, an individual's employer):

Attention (organisation's contact):

Physical address (A physical address is required)

Street or road (number and name):

Rural delivery number:

Suburb:

City, town or district:

Postcode:

Part 3: Second respondent (if any, individual or organisation) *continued*

Postal address (if different from physical)

Street or road (number and name):

Rural delivery number:

Suburb:

City, town, or district:

Postcode:

Contact details

Daytime telephone number: ()

Mobile telephone number:

Email address:

Part 4: Decision

Date of Tribunal decision / / (day / month / year)

Place of hearing (that is, name of the District Court where the Disputes Tribunal hearing was held):

CIV number (as stated on the Tribunal's decision)

Part 5: Request

Please state the term you want enforced; the reasons why you consider the term has not been complied with, and any other relevant information.

(If you need more space please attach a separate sheet)

Signature

Date / / (day / month / year)