

# Application for an order to allow enforcement of a decision or ACAS conditional settlement (Form COT3) that requires permission to proceed

Name of court
Claim number <i>(To be completed by the court)</i>
Applicant
Respondent

The applicant applies to enforce a

☐ decision

Dated / /

☐ settlement

Dated / /

*(If settlement, go to section 1 - Applicants details)*

and for an order that the respondent pay the costs of this application.

What is the name of the Tribunal/  
court that granted your award.

Give the reference number of your decision

Please give details of the legislation that allows  
you to enforce this decision

**A copy of the decision or ACAS conditional settlement (Form COT3) is attached.**

## 1. Applicant's details

Name of applicant

Applicant's address

Postcode

Telephone no.

Ref.

Email address

Address for service *(if different from opposite)*

Postcode

## 2. Respondent's details

Name of respondent

Respondent's address

Postcode

continued over the page ➞

### 3. The amount now owing and the costs claimed

The amount of the decision/settlement (*including costs*)

£

If your legislation allows you to claim interest on the amount award please complete this section.  
You must show details of your calculations.

[Interest on

£

from

/  /

to

/  /

at

%

]

**or**

[As shown in the attached calculation]

£

sub-total

£

Less amount paid

£

Balance remaining unpaid

£

Court fee

£

Solicitor's costs

£

**Total now owing**

£

#### 4. ACAS conditional settlement (Form COT3)

I certify that

☐ I have ☐ the applicant has

complied with the terms contained in the notice of settlement.

By *(please give details - continue on a separate sheet if necessary)*

##### **Condition 1**

What was the condition attached to your settlement?

Please give details of how the condition has or has not been fulfilled?

##### **Condition 2**

What was the condition attached to your settlement?

Please give details of how the condition has or has not been fulfilled?

## 5. Declaration in ACAS matters

- ☐ I certify that a declaration that this sum would not be recoverable against the respondent under general law of contract has not been made and that no application for such a declaration is pending.

## 6. Statement of truth

☐ I believe ☐ The applicant believes

that the facts stated in this application are true.

Signed \_\_\_\_\_

Dated //

\*(Applicant) (Litigation friend(*where applicant is a child or a Protected Party*)) (Applicant's solicitor)

*\*delete as appropriate*

Full name

Name of applicant's solicitor's firm

Position or office held

*(if signing on behalf of firm or company)*