

# Application to enforce an ACAS settlement (Form COT3) and request a Writ of Fieri Facias

Name of court
Claim number (To be completed by the court)
Applicant
Respondent

The applicant applies to enforce an ACAS settlement in form COT3 dated

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**Please attach the COT3 form to this application.**

## 1. Applicant's details

Name of applicant

Applicant's address

Postcode

Telephone no.

Ref.

Email address

Address for service (if different from above)

Postcode

## 2. Respondent's details

Name of respondent

Respondent's address

Postcode