

# Application to enforce an award of an Employment Tribunal and request a Writ of Control

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

Please give details of the Employment or Employment Appeal Tribunal award you are seeking to enforce under section 15 of the Employment Tribunal Act 1996:

Name of the Tribunal											
Award number											
Date of award	<table><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>										

Please attach the original award to this application.

1. Applicant's details	2. Respondent's details												
Name of applicant	Name of respondent												
Applicant's address	Respondent's address												
Postcode	Postcode												
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Telephone no.	Ref.												
Email address													
Address for service (if different from above)													
Postcode													
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### 3. The amount now owing and the costs claimed

The amount of the award including costs awarded by the Tribunal

£

To claim interest on the award please complete this section.

You must show details of your calculations.

[Interest on

£

(as per the amount above)

from

/ /

to

/ /

at

%

]

or

[As shown in the attached calculation]

£

sub-total

£

Legal representative's costs

£

Less amount paid

£

**Total now owing**

£

### 4. Requests

I request that the award be filed with the county court for enforcement and that an order be made for its enforcement in the High Court by Writ of Control.

I intend to enforce the award by execution against goods in the High Court and require a certificate for that purpose.

## 5. Statement of truth

☐ I believe ☐ The applicant believes

that the facts stated in this application are true and to (my own) (the applicant's) knowledge there are no applications or other procedures pending.

Signed \_\_\_\_\_

Dated / /

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

*\*delete as appropriate*

Full name

Name of applicant's legal representative's firm

Position or office held

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

## 6. To be certified by the court *(for court use only)*

I certify that the award, the original of which is attached, has been filed at the court and order enforcement in the High Court by Writ of Control.

Dated

/ / 

An Officer of the Court

Seal

### Please Note:

The award has been sent to the High Court for enforcement by Writ of Control **only**.

The award **has not been transferred** to the High Court. Applications for other methods of enforcement or ancillary applications **must** be made to the County Court office in which the award was filed, unless it has since been transferred to a different office, in which case it must be made to that office.

## 7. Request for Writ of Control

### In the High Court of Justice

#### Queen's Bench Division

(Sent from the County Court at \_\_\_\_\_)

Certificate dated the \_\_\_\_ day of \_\_\_\_\_)

High Court Enforcement Number

County Court Claim Number

Address of (Debtor)

Seal a Writ of Control directed to:

\_\_\_\_\_,  
an enforcement officer authorised to enforce writs of  
execution from the High Court.

against

for:

**A.** the sum of:

(a) debt	£
(b) costs and interest	£
(c) Subsequent costs ( <i>if any</i> )	£

**B.** and interest thereon at \_\_\_\_\_ % per annum from  
the date of transfer and costs of execution.

Signed

Address for service

Date