



# Disputes Tribunal

For more information visit [www.justice.govt.nz/tribunals](http://www.justice.govt.nz/tribunals)

CIV: \_\_\_\_\_

(Office use only)

## Form 7: Request to Enforce Work Order



### What is this form for?

Use this form to make a request for the enforcement of a work order.

### 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. You must submit a copy of your request and any relevant supporting evidence 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 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 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(s) of the order you want enforced; the reasons why you consider the order has not been complied with; whether the other party has complied with the alternative money order and any other relevant information.

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

**Signature**

**Date**        /        /        (day / month / year)