IN THE JUSTICE OF THE PEACE COURT OF THE STATE OF DELAWARE, IN AND FOR **COUNTY COURT NO COURT ADDRESS CIVIL ACTION NO PLAINTIFF(S)** VS. **DEFENDANT(S)** (1) Name (1) Name Address Address Phone Phone Attorney, if Any Attorney, if Any (2) Name (2) Name Address Address Phone Phone Attorney, if Any Attorney, if Any **APPLICATION TO REVIVE A JUDGMENT** Please revive the judgment in the above case. The judgment was entered on (Date) The amount of the judgment and costs is: (Fill in N/A for those items which were not ordered in the judgment in this case.) Judgment Pre-judgment interest \$ **Court Costs** Attorney's Fees % per year Post-judgment interest at Post-judgment rent at \$ X days. **SUBTOTAL** \$ MINUS CREDITS -\$ TOTAL DATED:

VIEW YOUR CASE ONLINE: https://courtconnect.courts.delaware.gov

(Signature of Plaintiff No. 2, if any)

(Attorney's Address/Phone No.)

Form: 15A (Rev. 6/15/17)

(Signature of Plaintiff)

(Plaintiff's Attorney, if any)