

Application to enforce an award

In the

Claim No.

County Court

Applicant

Respondent

The applicant applies to enforce, in this court, the award given on _____ 20 __ by the _____ under reference _____ and for an order that the respondent pay the costs of this application. A copy of the award is attached.

1. Applicant

The applicant is _____ whose address is _____

Postcode _____
Tel. No. _____ Ref. _____
Address for service (if different) _____

Postcode _____

2. Respondent

The respondent is _____ whose address is _____

Postcode _____

3. The amount now owing and the costs claimed are:

The amount of the award
(including any costs) £ _____
[Interest on £ _____ from _____ to _____ 20 __ at ____ %] £ _____
or
[As shown in the attached calculation] £ _____
sub-total £ _____
Less amount paid £ _____
Balance remaining unpaid £ _____
Court fee £ _____
Solicitor’s costs £ _____
Total £ _____

Statement of Truth

*(I believe)(The applicant believes) that the facts stated in this application are true.
* I am duly authorised by the applicant to sign this statement.

signed _____ date _____

*(Applicant)(Litigation friend(where applicant is a child or a patient))(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)