

# 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(when 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)