

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)

Intentionally left blank