

# 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)