**Filing attorney: Christopher Ross Gidla**

**Attorney at Law**

**Bar No:2006148**

**Gidla and Associates**

**18-20 Pembroke Street**

**Port of Spain**

**Tel/Fax: 221-1325**

**Email address:christopherrossgidla@yahoo.com**

**THE REPUBLIC OF TRINIDAD AND TOBAGO**

**IN THE HIGH COURT OF JUSTICE**

Claim # No.CV 2011-

BETWEEN

**ARLENE MC DONALD Claimant**

**AND**

**CLICO CREDIT UNION**

**CO-OP SOCIETY LIMITED**

**Defendant**

APPEARANCE

**WARNING:** If this form is not fully completed and returned to the court at the address below within EIGHT days of service of the Claim Form on you, the Claimant will be entitled to apply to have judgment entered against you. If he does so you will have no right to be heard by the Court except as to costs or the method of paying any judgment unless you apply to set judgment aside.

1. Have you received the Claim Form with the above claim number? YES/NO
2. If so, when? ----------/--------/--------
3. Did you also receive the Claimant’s Statement of Case? YES/NO
4. If so when? ----------/-------/---------
5. Are your names properly stated on the Claim Form? YES/NO

If not, what are your Full names? ………………………………………………...

.................................................................................................................................

1. Do you intend to defend the claim? YES/NO

If so you must file a defence within 28 days of the service of the Claim Form on you.

1. Do you admit the whole of the claim? YES/NO

If you do you should either

* 1. Pay the claim direct to the Claimant or his attorney, or
  2. Complete the application form to pay the Claim by instalments.

1. Do you admit any part of the claim? YES/NO

If you do you may –

1. Pay the money that you admit direct to the Claimant or his attorney, or
2. Complete the application form to pay the Claim by instalments.
3. If so, how much do you admit? ....................

If you dispute the balance of the claim you must also file a defence within 28 days of service of the Claim Form on you or judgment may be entered against you for the whole amount claimed.

1. What is your own address?

........................................................

1. What is your address for service? .......................................

If you are acting in person you must give an address within 3 miles of the court office to which documents may be sent either from other parties or from the court. You should also give your telephone number, FAX number and E mail address if any.

Signed................................ ..............................

[Defendant in person] [Defendant’s attorney]

The **Court Office** is at the {Hall of Justice, Knox Street, Port of Spain] telephone number 623-6297, FAX 625-5088. The office is open between [8:00 a.m] and [4:00 p.m] Mondays to Fridays except on Public Holidays and Court Holidays.

**FORM 5 – DEFENCE AND COUNTERCLAIM (**part 10)

**Filing attorney: Christopher Ross Gidla**

**Attorney at Law**

**Bar No:2006148**

**Gidla and Associates**

**18-20 Pembroke Street**

**Port of Spain**

**Tel/Fax: 221-1325**

**Email address:christopherrossgidla@yahoo.com**

**THE REPUBLIC OF TRINIDAD AND TOBAGO**

**IN THE HIGH COURT OF JUSTICE**

Claim # No.CV 2011-

BETWEEN

**ARLENE MC DONALD Claimant**

**AND**

**CLICO CREDIT UNION**

**CO-OP SOCIETY LIMITED**

**Defendant**

**DEFENCE**

I dispute the claim on the following grounds-

**I certify that all the facts set out in my Defence are true to the best of my knowledge, information and belief. My address for service is**

Telephone No.

Signed Dated

Defendant

We are acting for the Defendant, our address for service is:

Signed (Attorneys at Law for the Defendant)

The **Court Office** is at the {Hall of Justice, Knox Street, Port of Spain] telephone number 623-6297, FAX 625-5088. The office is open between [8:00 a.m] and [4:00 p.m] Mondays to Fridays except on Public Holidays and Court Holidays.

**COUNTER CLAIM**

I claim against the Claimant

(set out details of the remedy or relief sought)

on following grounds-

**I certify that all the facts set out in my counterclaim are true to the best of my knowledge information and belief and that I am entitled to the remedy claimed**

**Signed Dated**

Defendant

We are acting for the Defendant, our address for service is:

Signed (Attorneys at Law for the Defendant)

**Notes:**

1. The defendant may set out his defence in any way he chooses – it is not necessary to use this form.
2. The Defendant must –
   * State which allegations in the claim he admits
   * Which he denies
   * Which he neither admits or denies because he does not know whether they are true
   * Identify any documents which he considers necessary to his use.
3. He must give his reasons for denying any allegations made by the Claimant
4. The Defendant must set out clearly all the facts on which he relies to dispute the Claim and must set out any different version of events on which he relies
5. The Defendant may not be allowed to give evidence about any fact which is not set out in the Defence.
6. If the Defendant wishes to counter claim he must
   * Specify any remedy that he seeks against the Claimant
   * Include a short statement of all facts on which he relies.
   * Identify any documents which he considers necessary to his case
7. Where the Defendant is represented by an Attorney he must also sign the Form and give his address for service.

**Application to pay by instalments**

**Filing attorney: Christopher Ross Gidla**

**Attorney at Law**

**Bar No:2006148**

**Gidla and Associates**

**18-20 Pembroke Street**

**Port of Spain**

**Tel/Fax: 221-1325**

**Email address:christopherrossgidla@yahoo.com**

**THE REPUBLIC OF TRINIDAD AND TOBAGO**

**IN THE HIGH COURT OF JUSTICE**

Claim # No.CV 2011-

BETWEEN

**MARILYN SOOKDEO Claimant**

**AND**

**CHRISTINE RAMDHAN**

**1st Defendant**

**ERROL RAMDHAN**

**2nd Defendant**

THe applicant of owes the Claimant the amount of $ claimed on the claim form and cannot pay the amount in one lumpsum.

The applicant applies to the court for an order to pay the amount due by instalments of $ per week/month and provides the following information:

1. Marital status: Married Single other specify
2. Age:
3. Dependants: children:
4. Other dependants
5. If employed, state nature of employment and name and address of employer.
6. If self employed, give particulars of annual receipts of the business and particulars of the expenses of the business.
7. Give details of any job other than main job.
8. Give details of-
   1. Contracts and other work in hand; and
   2. Any sums due for work done.
9. If unemployed, say how long unemployed, when last employed, nature of employment and total income received.
10. Pensioner: Yes/NO
11. List cash assets and other assests.
12. I live in my own property jointly owned property rented property lodgings other specify
    1. My usual take home pay is;or $
    2. My pension is $
    3. Other income $
    4. Total income $
13. MY regular expenses are as follows:
    1. Mortgage $
    2. Rent $
    3. Electricity $
    4. Water and Sewerage rates $
    5. Cooking gas $
    6. Telephone $
    7. Hire-purchase repayments $
    8. Food $
    9. School fees $
    10. Travelling expenses $
    11. Children’s clothing $
    12. Maintenance payments $
    13. Others (do not include court

Orders and debts listed in 14,15,16$

$

$

$

Total Expenses $

1. I am in arrears as follows:
   1. Rent arrears 4
   2. Mortgage arrears $
   3. Water and Sewerage rates arrears $
   4. Electricity arrears $
   5. Telephone arrears $
   6. Maintenance arrears $
   7. Others $

$

$

$

$

Total arrears $

1. I am making court ordered payments

As follows: Specify particulars of cases

And instlments or amounts ordered

To be paid $

1. I have loans and credit card debts as follows:

................................. $

................................. $

................................. $

Of the above payments, I am behind with payments

Please list

I declare that the details I have given above are true to the best of my knowledge>

Dated

Signed Applicant

NOTICE

The application will be heard by {the Judge in chambers}[Master xxxx] on the day of , at am/pm

If you donot attend this hearing an order may be made in your absence.

Or

The [Judge in Chambers] [Master] will be deal with this application by =

N.B this notice of application must be served as quickly as possible on the respondent to the application.

The court office is at knox street, Hall of Justice.Telephone number xxxxxx, Fax xxxxx

The office is open between [8.00am] and [4.00 pm] Mondays to Fridays except public holidays and court holidays..