The Republic of Trinidad & Tobago

**In the High Court of Justice**

**Family**

**CHRISTOPHER ROSS GIDLA**

**GIDLA & ASSOCIATES**

**18-20 Pembroke Street**

**PORT OF SPAIN**

**CEL: 350-6259**

**Petition/ Application NoFH 00986/2013**

**Between**

**JENNIFER ALLISON JOSEPH -DAVIS**

Applicant

And

**RAYMOND DAVIS**

Respondent

###### APPLICATION FOR FINANCIAL RELIEF

The applicant JENNIFER ALLISON JOSEPH - DAVIS applies to the Court for an order for the following financial provision for herself and the children named below.

1. An order of a settlement of the matrimonial property situate at #135 Laventille Road, East Dry River, Port of Spain
2. An order of maintenance for the children, **RAYANN KHADISHA DAVIS, born on 12th of February, 1998, RAYJEN ALLISON DAVIS, born on the 24th Novermber, 1999, RAYNICIA IFEOMA DAVIS born on 11th of May, 2004 and RAYNELLA FAITH DAVIS born on the 4th of August, 2005.**
3. Any further and /or other order as the court sees fit

Christopher Ross Gidla JENNIFER ALLISON JOSEPH-DAVIS

Attorney at Law for the Applicant Applicant

The Applicant’s address for service is as follows:

Christopher Ross Gidla

Gidla & Associates

18-20 Pembroke Street

Port of Spain

Tel: 350-6259

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###### NOTICE OF DIRECTIONS HEARING

Directions will be given relating to this application at the directions hearing on family court

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The **Court Office** is at Family Court, Cipriani Place, #4 Cipriani Boulevard, Port of Spain.The Telephone number 627-6391, Fax number 624-0557 The office is open between [8.00 am and 4.00 p.m. every days except Public Holidays and on such days as the Court Office is closed.

###### EVIDENCE OF APPLICANT

I, **JENNIFER ALLISON JOSEPH-DAVIS,** of # 135 Laventille Road, East Dry River, Port of Spain make oath and say as follows:

that the information set out below is correct to the best of my knowledge, information and belief:

(1) Date of Birth: 4th of October, 1972

(2) Date of marriage: 13th of December, 1997

(3). Details of other proceedings relating to

the relationship: **court order made date**

(a) Divorce Decree Nisi Family court 26/6/2013

(b) Maintenance

(c) Children issues NIL NIL NIL

(d) Domestic Violence NIL NIL NIL

(d) Other NIL NIL NIL

(4) Full details of the children are set out in Form 2

Filed with this application

# Details of my income

(5). Details of employment

(a) type of main employment Supplemental Police

(b) name of employer Ministry of Health

(c) address of employer 63, Park Street

(d) gross pay/income per month $5300

(e) normal take home pay/income $5100

per month

(f) what deductions are made for pension? NIL

(6). Other income:

(a) State benefits NIL

per [week][month][year]

(b) voluntary maintenance NIL

per [week][month][year]

(c) maintenance under court order NIL

per [week][month][year]

Copy order exhibited marked 'A'

(d) income from investments NIL

per [week][month][year]

(e) rents received

per [week][month][year] NIL

(f) income from other work than main employment

per [week][month][year] NIL

# Employment

(7) If not working:

(a) Are you looking for work? N/A

(b) Do you expect to look for work N/A

within the next two years?

(c) What sort of work could you do? N/A

(d) What qualifications have you? N/A

(e) When did you last work? N/A

(8) If working-

(a) how are any children cared for? We both buy the groceries for the children

(b) what is the cost of child care? $3000 for the 4 children

(c) are you thinking about changing

your job within the next year? NO

(d) are you likely to get promotion within NO

next year?

# Health

(9) Do you suffer from any health problems? NO

If so give details and state if they affect

your employment or ability to get work.

# Cohabitation

(10) Are you living with any person other

than the respondent and any children? NO

(11) If so give details of any financial support

you receive from that person. N/A

# Expenditure

(12) What do you spend on - per month

House -

Mortgage Repayments NIL

Life Insurance Premiums NIL

Building Insurance Premiums NIL

Contents Insurance Premiums NIL

Rent NIL

Land & building taxes NIL

Water and sewerage charges NIL

Electricity $200 per 2months

Cooking Gas $22 per month

Telephone NIl

Repairs and Decoration NIL

Furniture/furnishing replacements NIL

**Personal Expenses**

Food $200 per month

Laundry/Cleaning $50 per month

Medical/Dental/Optical N/A

Clothing/Shoes $500 per year

Hairdressing $200 per 3 months

General Housekeeping expenses NIL

Help in house N/A

Gardener/yard help N/A

Entertainment $60 per month

Holidays and Outings NIL

Presents NIL

Newspapers/Magazines $60 per month

Other NIL

Repayment of debts/loans $3500 ( a loan from Rhand)

**Cost of working**

Travel to work $120 per week

Pension contributions N/A

Union/Professional Body Subscriptions N/A

**Expenditure on Children**

Food $700

General Clothing $380

School Uniform etc. N/A

School fees N/A

Lunch money N/A

School books N/A

General school supplies N/A

Extra tuition N/A

Travel to School $600

Medical /Dental costs $600

Toys/Games/Sports N/A

Outings N/A

Holidays N/A

Hairdressing N/A

Presents N/A

Pocket money N/A

Child Care N/A

# Capital and other assets

(13) Is the house you live in -

(a) owned by you? Jointly with the Respondent

(b) owned jointly with...................(name) of

...................................................(address)? N/A

(c) owned under a statutory lease? NO

(d) rented? YES

**If owned:**

(a) what do you think the house

is worth? $270,000

(b) Is the house mortgaged? Yes

(c) Who is the lender? TTMF

(d) How much is owing on the mortgage? $30,000

(e) Is there any other security (e.g. life insurance policy)? NO

If so, give details

(i) name of insurance company N/A

(ii) number of policy N/A

(iii) with or without profits N/A

(iv) when due to mature N/A

(iv) estimated value at maturity. N/A

(14). Do you own any other property? NO

If so -

(a) in your sole name N/A

(b) jointly with N/A

(c) what do you think the house

is worth? NA

(d) Is the house mortgaged N/A

(e) Who is the lender? N/A

(f) How much is owing on the mortgage? N/A

(g) Is there any other security (e.g. life insurance policy)? N/A

If so, give details

(i) name of insurance company N/A

(ii) number of policy N/A

(iii) with or without profits N/A

(iv) when due to mature N/A

(iv) estimated value at maturity. N/A

(15) Do you own any stocks or shares? NO

If so give details below or on a separate piece of paper:

details of stock/share N/A

date bought N/A

price paid NA

present estimated value. N/A

(16) Do you have any money invested in-

Bank NO

Building Society NO

Life Insurance Policy NO

Business NO

Unit Trusts NO

Credit Unions Yes

Other NO

(if so, give details)

# Bank Account

(17) Do you have a Bank Account? YES/

**(1) (2) (3) (4)**

If so -

name of bank First Citizens Bank

account number

type of account Savings

present balance NIL

# Other assets

(18) Do you own a car NO

if so give details

Outstanding loan.

(19) Do you have any other assets worth more than $2,500?

If so, give details

(a) Jewellery NO

(b) Antiques NO

(c) Paintings NO

(d) Works of Art. NO

(e) Boat NO

1. Computer NO
2. Other

# Debts

(20) (a) Are you behind with -

Mortgage repayments? NO

Rent? NO

How much?

(b) have any steps been taken to repossess your house? N//A

Do you owe

(c) debts to financial institution/bank/credit company/credit cards?

if so, give details of -

**(1) (2) (3) (4)**

amount of debt NO

when borrowed

for what

amount outstanding $161,000

repayments $

per[week][month][year]

are any repayments in arrear?

(d) personal debts

give details.

# Respondent

# So far as you know -

(21) Is the respondent to this application working? YES

If so

For whom? NORTH WEST REGIONAL HEALTH AUTHORITY

What is his/her take home income $6000 and more I don’t know the exact income

per [month]?

Does he/she own/ have share in a business? NO

If so, give details

If not working, could the Respondent work? N/A

What do you say the Respondent could

(a) do?

(b) earn? N/A

Does the Respondent own a house? /NO

If so -

(a) address N/A

(b) solely? Or N/A

(c) jointly with \_\_\_\_\_\_\_\_\_\_\_N/A

(d) what is value N/A

(e) is it mortgaged N/A

(f) for how much N/A

Does the Respondent have

(a) other property

(b) investments

(c) life insurance policies

(d) bank account

(e) money in building society

(f) money invested elsewhere

(g) car

(h) other valuable assets

If so, give brief details

He owns a car, model P CB 9370 AD WAGON NISSAN

(22) **Other matters including other liabilities not otherwise mentioned:**

**(set out BRIEFLY any other matters which you think may be relevant to your application for financial provision)**

# What orders do you seek?

(23) Set out as clearly as possible what orders you seek

A. Maintenance for the Children of $3000 per month for

B Settlement of property situate at #135 Laventille Road, East Dry River, Port of Spain

Sworn to at #18-20 Pembroke

Street Duke Street, this day }

of 2013. }

Before me,

The **Court Office** is at [ ], telephone number FAX number The office is open between [8.00 am and 4.00 p.m. every days except Public Holidays and such other days as the Court Office is closed.