**Christopher Ross Gidla**

**Attorney at Law**

**Gidla and Associates**

**123 Duke Street**

**Port of Spain**

**Bar no.GIC2006148**

**Tel/Fax: 624-4410**

**THE REPUBLIC OF TRINIDAD AND TOBAGO**

**IN THE HIGH COURT OF JUSTICE**

Claim #

BETWEEN

**ISAAC BAPTISTE Claimant**

**AND**

**NORTH WEST REGIONAL HEALTH AUTHORITY**

**Defendant**

**- - - -** ooo**000**ooo **- - - -**

**CLAIM FORM**

The Claimant Tyrone Gibbs of #28 Lance Street, Gonzales, claims against the Defendant **NORTH WEST REGIONAL HEALTH AUTHORITY having its registered office situate at #39 Dundonald Street, Port of Spain**  in the island of Trinidad

1. Special damages, loss of Earnings:

The Claimant is 59years old when he sustained the injury and treated in the hospital. As a mason he could work until he reached 70 years of age. At present he earns $6,000 per month.

11(yrs) x 12 (months) x $6,000 (average wages per month) = $792,000

1. Damages for personal injuries consequential loss to the Claimant caused by the negligence by the Defendant.
2. Loss of amenities
3. Costs.
4. Such further and /or relief as the court seems fit

**NOTICE TO THE DEFENDANT**- **See the notes served with this Claim Form**

This Claim Form must contain or have served with it either a statement of case or a copy of a court order entitling the claimant to serve the claim form without a statement of case.

If you do not complete the form of appearance served on you with this Claim Form and deliver or send it to the court office (address below) so that they receive it within EIGHT days of this Claim Form on you, the claimant will be entitled to apply to have judgment entered against you. The form of appearance may be completed by you or an attorney acting for you.

**You should consider obtaining legal advice with regard to this claim.**

**This claim form has no validity if it is not served within [four] months of the date below unless it is accompanied by an order extending that time.**

**Certificate of Truth**

I believe that the contents of this claim form/statement of case are true and that I am entitled to the remedy claimed

Signed………………………………………..

Issac Baptiste (Claimant)

Dated: 2011

The Claimant’s address for service is: CHRISTOPHER ROSS GIDLA Attorney At Law, of Gidla & Associates, whose address for service is in 123 Duke Street, Port of Spain.

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.

Dated the February, 2011

The Claimant’s address for service is:

Christopher Ross Gidla

Gidla & Associates

123 Duke Street,

Port of Spain

To: The Registrar of the Supreme Court

Hall of Justice

Knox Street

Port of Spain

To:

North West Regional Health Authority

c/o Chief Executive Officer

Office of the Chief Executive officer

Second Floor, #39 Dundonal Street,Port of Spain

**THE DEFENDANT**

**Christopher Ross Gidla**

**Attorney at Law**

**Gidla and Associates**

**123 Duke Street**

**Port of Spain**

**Bar no.GIC2006148**

**Tel/Fax: 624-4410**

**THE REPUBLIC OF TRINIDAD AND TOBAGO**

**IN THE HIGH COURT OF JUSTICE**

Claim #

BETWEEN

**ISAAC BAPTISTE Claimant**

**AND**

**NORTH WEST REGIONAL HEALTH AUTHORITY**

**Defendant**

**- - - -** ooo**000**ooo **- - - -**

**STATEMENT OF CASE.**

1. The Defendant is a Statutory Body duly incorporated by the Regional Health Authorities Act No. 5 of 1994 and has its Head Office at the #39 Dundonald Street, Port of Spain and provides and maintains, operates, and controls Port of Spain General Hospital at Port of Spain, in the county of Port of Spain.
2. The Claimant was at all material times a patient in the said hospital being treated for a fracture of his right forearm.
3. On or about 14th of June, 2007, the Patient having injured his right forearm in the work place went to the Hospital for treatmemt.
4. He was diagnosed with a fracture of the distal 1/3 of the right ulna with minimal displacement.
5. His forearm was placed in a below elbow cast by a technician whose name was “Atwaroo” who is a supervisor in the orthopedic department. He asked the Claimant to bend the arm a little to the front. when he put the cast, When asked why the arm is bend like that he replied on the doctors orders.
6. The Claimant went to the clinic a month later and was told by the Doctor in attendance that the cast was not proper. The Claimant could not get the name of the Doctor.
7. The Cast was removed on the 28th August, 2007 after which the Claimant was sent for physiotherapy.
8. The Claimant was later informed that a bony synostosis ( bony union between two bones) formed between the distal radius and distal ulna. This Union now completely prevents rotation of the forearm.
9. As a result of the said union the Claimant suffered loss and physical injury.

**Particulars of Injury.**

1. The Claimant who was born on 1st of November, 1948 a Mason by trade fell and injured his right arm on 14th of June, 2007,in his place of work. His forearm was placed in a below elbow cast. The cast was removed on the 28th August, 2007. The Cast was not placed properly and as such, a bony synostosis ( bony union between two bones) formed between the distal radius and distal ulna. This union now completely prevents rotation of the forearm.
2. There is also stiffness of the wrist and metacarpophalangeal joints of the right hand.
3. Due to this the Claimant could not perform his usual duties of mason and presently without any employment. In the alternative to a full future loss of earnings the Claimant will be left with significant disadvantage in the labour market and/or will suffer partial future loss of earnings.

A copy of the Medical report made on September, 16, 2008 is hereto attached and exhibited as “IB1”

1. The Defendant as manager or controller of the said Hospital by virtue of the powers and functions conferred under section 8 of the said Act owed a duty of care to the Claimant that the treatment he sought would be a proper treatment. The Said loss and injury was caused by the negligence of the Defendants in breach of its duty of care to the Claimant.

**PARTICULARS OF NEGLIGENCE.**

1. Failing to put a proper cast on the fracture of the right arm
2. Failing to employ a much trained staff to do the necessary treatment to the patient.
3. Failing to give proper supervision in the duties of putting a cast on the right arm of the Claimant by senior Doctor.
4. Failing to check the fracture with the assistance of an X-ray to see if the fracture was properly set in place or not.
5. The Claimant will rely on upon the doctrine of res ipsa loquitor as to the cause and circumstances surrounding his injuries.

AND the Claimant claims

1. Special damages, loss of Earnings:

The Claimant is 59years old when he sustained the injury and treated in the hospital. As a mason he could work until he reached 70 years of age. At present he earns $6,000 per month.

11(yrs) x 12 (months) x $6,000 (average wages per month) = $792,000

1. Damages for personal injuries consequential loss to the Claimant caused by the negligence by the Defendant.
2. Loss of amenities
3. Costs.
4. Such further and /or relief as the court seems fit

This Statement of Case was issued by Christopher Gidla, Attorney at Law, Suite #4, 123 Duke Street, Port of Spain, Attorney at Law for the Claimant whose address for service is the same as above

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Christopher Ross Gidla

Claimant’s Attorneys at Law

The Court Office is at the Hall of Justice, Knox Street, Port of Spain, telephone number 623 – 2416. The Office is open between 8:00 am and 4:00 pm Mondays to Fridays except Public Holidays and court Holidays.

To: THE REGISTRAR OF THE SUPREME COURT

Hall of Justice

Knox Street

Port of Spain

To:

Chief Executive Officer

Office of the chief Executive officer

Second floor #39 Dundonald Street,

Port of Spain

**THE DEFENDANT.**

**DATED** the day of ,2011

**Christopher Ross Gidla**

**Attorney at Law**

**Gidla and Associates**

**123 Duke Street**

**Port of Spain**

**Bar no.GIC2006148**

**Tel/Fax: 624-4410**

**THE REPUBLIC OF TRINIDAD AND TOBAGO**

**IN THE HIGH COURT OF JUSTICE**

Claim #

BETWEEN

**ISAAC BAPTISTE Claimant**

**AND**

**NORTH WEST REGIONAL HEALTH AUTHORITY**

**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.

**Christopher Ross Gidla**

**Attorney at Law**

**Gidla and Associates**

**123 Duke Street**

**Port of Spain**

**Bar no.GIC2006148**

**Tel/Fax: 624-4410**

**THE REPUBLIC OF TRINIDAD AND TOBAGO**

**IN THE HIGH COURT OF JUSTICE**

Claim #

BETWEEN

**ISAAC BAPTISTE Claimant**

**AND**

**NORTH WEST REGIONAL HEALTH AUTHORITY**

**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.

Civil

Injunction/Trespass/Dispossession

**CHRISTOPHER GIDLA**

**Attorney At Law**

**GIC2006148**

**123 Duke Street**

**Port of Spain**

**THE REPUBLIC OF TRINIDAD AND TOBAGO**

**IN THE HIGH COURT OF JUSTICE**

Claim # of 2008

**ROY RAMIREZ**

**Claimant**

**AND**

**DAVID JAMES Defendant**

**- - - -** ooo**000**ooo **- - - -**

**NOTICE OF APPLICATION**

The Claimant **Roy Ramirez of** # 5 Mercline Drive, Enterprise, Chaguanas in the Island of Trinidad in the Republic of Trinidad and Tobago applies to the court for an order that

1. An Injunction restraining the Defendant, whether by himself, his servants and or agents from entering, remaining constructing and or demolishing the dwelling house on the land at # 5 Mercline Drive Enterprise, Chaguanas.
2. An Injunction restraining the Defendant whether by himself, his servants and or agents or howsoever from molesting, harassing, abusing and or intimidating the Claimants, his servants and or agents peaceful and quiet enjoyment of the said lands.
3. That the cost of this application be Cost in the cause.

A Draft order is attached

**The grounds of the application are**

1. The Claimant and the Claimant’s predecessor in title in particular the Claimant’s mother have been in continuous, undisturbed and exclusive occupation of the disputed lands.The Claimant have had exclusive and undisturbed possession of the subject lands since 1961.
2. The Defendant on about August 2008 trespassed upon the disputed lands and has demolished part of the Claimant’s house and further intends to demolish the Claimant’s dwelling house unless they are restrained from doing so.
3. In the circumstances the Claimants prays that the court will restrain the Defendant until the matter is heard and determined.

I hereby certify that the facts stated above are true to the best of my/our knowledge, information and belief.

An affidavit in support accompanies the application

Signed:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ [Attorney for the Claimant]

Christopher Gidla

123 Duke Street

Port of Spain

Dated the day of 2008.

NOTICE:

This application will be heard by His Lordship the Honourable Mr. Justice , in Chambers on the day of 2008 at the Hall of Justice, Knox street, Port of Spain.

**If you do not attend this hearing an Order may be made in your absence.**

**OR**

The judge in Chambers will deal with this application by -

**NB: This notice of application must be served as quickly as possible on the Respondent to the Application.**

**The Court Office** is at the Hall of Justice, Knox street, Port of Spain, Trinidad, telephone number 690-2156, Fax 690-2674. The office is open between 8:00 am and 4:00 pm Mondays to Fridays except Public Holidays and Court Holidays.

Dated the day of , 2008

CHRISTOPHER GIDLA

Attorney At Law for the Claimant.

The Applicant’s address for service is Quamina Gidla and associates of #123 Duke Street, Port of Spain, whose address for service is C/o Wilson and Company , # 37 Abercromby Street, Port of Spain.

To: The Registrar

High Court of Justice

Port of Spain

Civil

Injunction/Trespass/Dispossession

**CHRISTOPHER GIDLA**

**Attorney At Law**

**GIC2006148**

**123 Duke Street**

**Port of Spain**

**THE REPUBLIC OF TRINIDAD AND TOBAGO**

**IN THE HIGH COURT OF JUSTICE**

Claim # of 2008

**ROY RAMIREZ**

**Claimant**

**AND**

**DAVID JAMES Defendant**

**- - - -** ooo**000**ooo **- - - -**

**ORDER**

Before the Honourable Justice

Dated this day of 2008

Entered the day of 2008

Before the Honourable

**UPON READING** the Claimant’s Notice of Application filed on the day of , 2008 and the Claimant’s affidavit sworn to and filed on the day of ,2008 together with the exhibits therein referred to.

**AND** the Claimant by his undertaking to abide by any Orders this court makes as to damages in case this court shall thereafter be of the opinion that the Defendants shall have sustained any loss or injury by reason of this Order which the Claimant ought to pay.

**AND UPON**  hearing Attorney At Law for the Claimant.

**IT IS HERBY ORDERED**

1. An Injunction restraining the Defendant, whether by himself, his servants and or agents from entering, remaining constructing and or demolishing the dwelling house on the land at # 5 Mercline Drive Enterprise, Chaguanas.
2. An Injunction restraining the Defendant whether by himself, his servants and or agents or howsoever from molesting, harassing, abusing and or intimidating the Claimants, his servants and or agents peaceful and quiet enjoyment of the said lands.
3. That the cost of this application be Cost in the cause.

…………………………………………………

Registrar of the Supreme Court

NOTES FOR DEFENDANT

The Claimant is seeking an order form the Court as set out in the Claim Form overleaf on the basis of the facts or evidence set out in the statement of case or affidavit which was served with it. The Claimant will not be entitled to enter judgment against you without a hearing.

You may:

1. **Admit the Claim**

If so, you should complete and return the form of Appearance to the court office stating this. You may attend the first hearing if you wish to do so.

**B. Dispute the Claim**

If so, you should complete and return the form of Appearance as under A. You should also file at the court office and serve on the Claimant’s attorney (or the Claimant if she has no attorney):

1. a defence if the Claim Form was accompanied by the Claimant’s Statement of Case, OR
2. an affidavit in answer if the Claim Form is accompanied by an affidavit sworn by or on behalf of the Claimant.

Your statement of case or affidavit must set out briefly ALL the facts on which you will rely to dispute the claim made against you.

You should also attend the first hearing. **If you do not the judge may deal with the claim in your absence.**

**C. Make a claim against the Claimant**

If so, you should complete and return the form of Appearance as under A. You **must** file a statement of case (a counterclaim) setting out full details of what you claim against the Claimant and the facts on which you will rely. The statement of case should also set out ALL the facts on which you rely in disputing any part of the Claimant’s claim against you.

**You should also attend the first hearing. If you do not the judge may deal with the claim in your absence.**

**--------------**

**CARL D. QUAMINA**

**Attorney At Law**

**QUC1993027**

**C/o Wilson & Company**

**Attorneys At Law**

**#37 Abercromby Street**

**Port of Spain**

**THE REPUBLIC OF TRINIDAD AND TOBAGO**

**IN THE HIGH COURT OF JUSTICE**

Claim #

**EDWIN GIBSON Claimant**

**AND**

**HER WORSHIP MS. GORDON**

**SANGRE GRANDE**

**2ND MAGISTRATE’S COURT Defendant**

**Honourable Judy Gordon**

**Notice of Application:**

The Claimant applies to the court for an order that:

1. Leave be granted to apply for Judicial review.

2. Costs.

3. Such further and/or other relief as the Court thinks just and appropriate.

A Draft of the Order that I seek is attached.

The grounds of the application are:

1. Failure and/or refusal of the Honourable Magistrate to allow the applicant to be herd or to examine his means before making a final order fro maintenance in respect of Kenneth born 2/1/99, Keith born 2/1/99, Kerise born 2/1/99 and Kamrika born 29/8/97 in accordance with the Family Law Guardianship of Minors act.

……………………………………………………… ……………………………………………………

**CARL D. QUAMINA EDWIN GIBSON**

**Attorney At Law Claimant**

Dated this day of 2007

I Edwin Gibson of Phase 4 La Horquetta in the Ward of Arima in the Island of Trinidad make oath and say that the contents of my claim are true.

Sworn to at #15 Brierley Street]

Sangre Grande this day ]

of 2007 ]

Before me,

Commissioner of Affidavit

**NOTICE:**

This application will be heard by His Lordship the Honourable Mr. Justice Best, in Chambers on day of 2007 at the Hall of Justice, Knox Street, Port of Spin.

**If you do not attend this hearing an Order may be made in your absence.**

**NB This notice of application must be served as quickly as possible on the Respondent to the Application.**

**The Court Office** is at the Hall of Justice, Knox Street, Port of Spain, Trinidad and Tobago, telephone number 690-2156, Fax 690-2674. The office is open between 8:00 a.m. and 4:00 p.m. Mondays to Fridays except Public Holidays and Court Holidays.

Dated the 30th day of July, 2007

**CARL D. QUAMINA**

Attorney At Law for the Claimant.

The Applicant’s address for service is c/o Carl Quamina Attorney At Law of #15 Brierley Street, Sangre Grande whose address for service is inc/o of Wilson and Company # 37 Abercromby Street, Port of Spain.

**CARL D. QUAMINA**

**Attorney At Law**

**QUC1993027**

**C/o Wilson & Company**

**Attorneys At Law**

**#37 Abercromby Street**

**Port of Spain**

**THE REPUBLIC OF TRINIDAD AND TOBAGO**

**IN THE HIGH COURT OF JUSTICE**

Claim #

**EDWIN GIBSON Claimant**

**AND**

**HER WORSHIP MS. GORDON**

**SANGRE GRANDE**

**2ND MAGISTRATE’S COURT Defendant**

I, **EDWIN GIBSON** of Phase 4 La Horquetta in the Ward of Arima in the Island of Trinidad make oath and say as follows:-

1. I am the Respondent named herein in proceedings #990-993/04 before the Sangre Grande 2nd Magistrate’s Court brought by Helen Solomon against me for maintenance of three children.

2. That I never attended Court in the matter and despite my non attendance the order was made final without proof or submitted proof of my earnings.

3. That the complainant of the matter subsequently sought enforcement for my non payment of the order and the police serving officer came to court confirmed that while I did not accept the summons because of a misunderstanding placed same at my feet.

4. I never consented to pay the order but I am verily informed that the making of the order final was contrary to law as the Court had no evidence of my means. A certified copy of the proceeds and notes of evidence taken is annexed hereto and marked “**E.G.1**”.

5. I therefore seek a review of the Magistrate’s decision to make the order final.

I the Claimant hereby certify that the contents of my statement of case herein are true and correct and that I am entitled to the remedies claimed.

……………………………………………………………………

Claimant Signature

…………………………………………………………………………………

Attorney At Law for the Claimant