**FORM 10: Application** (Part 11)

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**

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**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. The Claimant and the Claimant’s Ieta Forde have since on or about the year 1961 been in exclusive, continuous and undisturbed possession of All and Singular that parcel of land comprising more or less one Acre of land situate at # 5 Mercline Drive, Enterprise, Chaguanas together with the dwelling house standing thereon.
2. An injunction restraining the Defendant whether by himself, his servants and or agents or howsoever from entering, remaining and or demolishing and or constructing on the disputed lands.
3. An injunction restraining the Defendant whether by himself, his servants and or agents or howsoever from molesting, harassing, abusing and or intimidating the Claimant, his servants and or agents peaceful and quiet enjoyment of the disputed lands.
4. Costs.

A draft of the order that I seek is attached.

The grounds of the application is:

1. The Claimant have had exclusive and undisturbed possession of the disputed lands since 1961.
2. The Defendant, his servants and/or agents on or about 8th August, 2008 at around 6:00 am, came to the disputed lands at # 5 Mercline Drive, Enterprise, Chaguanas, demolished the Claimant’s house on the disputed lands leaving a small shed for the Claimant to shelter and further instructed the Claimant that they would demolish the remaining the part if they do not vacate it.
3. On or about 13th September, 2008 the Defendant’s servants were seen again by the Claimant around the premises of the disputed lands, giving the Claimant and the Claimant is fearful that they would come again to demolish the remaining part of the house.
4. The Defendant’s would demolish the remaining part of the house unless restrained by this honourable court.

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

An affidavit in support accompanies this application

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

Christopher Gidla

123 Duke Street

Port of Spain

Dated the day ,2008

**NOTICE:**

This application will be heard by the Honourable Judge in Chambers on the day of 2008 at am/pm at High Court of Justice, Knox Street, Port of Spain in Court Room no.

**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 Defendants to the application.**

**The Court Office** is at the Hall of Justice, Knox Street, 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.

**TO: Registrar**

**High Court of Justice**

**Port of Spain**

1. The Claimant, **ROY RAMIREZ** claims against the Defendant, **DAVID JAMES**, of No. # 27 Morvant Avenue, Morvant, the following:

1. Possession of the dwelling house Lot 39 New City, Valencia which the Defendant is unlawfully occupying.

2. Cost.

3. Such further and or other order as the nature of the case may require

**………………………………………………………………**

**CARL D. QUAMINA**

**Attorney At Law for the Claimant**

**NOTICE TO THE DEFENDANTS** – See the notes served with the Claim Form.

This Claim form must contain to 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 sent it to the court Office (address below) so that they receive it within EIGHT DAYS of service 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 any 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.**

**The Court Office** is at the Hall of Justice, Knox Street, 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 day of 2007

The Claimant address for service is **CHRISTOPHER ROSS GIDLA,** Attorney At Law, C/o Wilson & Company, Attorneys At Law, #37 Abercromby Street, Port of Spain, Trinidad and Tobago.

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.**

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**APPEARANCE**

Nature of Case:

**THE REPUBLIC OF TRINIDAD AND TOBAGO**

**IN THE HIGH COURT OF JUSTICE**

Claim # of 2006

**NORMA DURITY Claimant**

**AND**

**ANTHONY CALLISTE Defendant**

**APPEARANCE TO FIXED DATE CLAIM**

**WARNING**: This form should be completed and returned to the court at the address below within EIGHT days of service of the Claim Form on you. However, the Claimant will not be entitled to have judgment entered against you except at the first or subsequent hearing of the claim.

1. Have you received the claim

Form with the above number? YES/NO

2. If so, when did you receive it? ……/…./….

3. Did you also receive the

Claimant’s statement of case

or affidavit in YES/NO

4. If so, on what date did you

receive them? ……/……/……

5. Are your names properly stated

on the Claim Form? YES/NO

If not, what are your full names? …………………

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

\*(If so you should file a defence or affidavit in answer within 28 days of the service of the Claim Form on you)

7. Do you admit the whole claim? YES/NO

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

9. If so, what do you admit? …………………

10. What is your address? ……………………

……………………

11. What is your address for service? ………………………

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

……………………………………………………

Signed ……………………………………… Dated

[Defendant in person]

[Defendant’s attorney]

The **Court Office** is at the {Hal of Justice, Knox Street, Port of Spain] telephone number 623-2416, FAX . The office is open between [8:00 a.m] and [4:00 p.m] Mondays to Fridays except on Public Holidays and Court Holidays.