**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 # No.CV 2011-

BETWEEN

**TYRONE GIBBS Claimant**

**AND**

**RBTT BANK LIMITED**

**Defendant**

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

**CLAIM FORM**

The Claimant Tyrone Gibbs of #37, Rose Wood Avenue, Coconut Drive, Morvant, claims against the Defendant **RBTT BANK LIMITED having its registered office situate at 19 – 21 Park Street, Port of Spain** in the island of Trinidad

1.Special Damages of $3500

2.Damages for Assault and Battery

3. Damages for Negligence including pain and suffering

4. Interest Pursuant to Section 25 of the Supreme Court of Judicature Act Chapter 4:01 of the Laws of Trinidad and Tobago as amended or the Court’s equitable jurisdiction.

5.Costs

6. Such further and /or other relief as the court may deem just in the circumstances.

I hereby certify that the Claimant’s claim is likely to exceed $15,000.

Christopher Ross Gidla

Claimant’s Attorney at Law

**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………………………………………..

Tyrone Gibbs (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:

Elizabeth V.Ramdeo

Counsel,Personal and Business Banking

Group Law & Corporate Secretarial Unit

3rd floor, 8 Sweet Briar Road

St.Clair, Port of Spain

**ATTORNEY AT LAW FOR THE DEFENDANT**

**To:**

**RBTT**

**PO Box 287, Royal Court**

**19-21 Park Street**

**Port of Spain**

**Trinidad**

**DEFENDANT**

**CHRISTOPHER R.GIDLA**

Attorney At Law

**Gidla & Associates**

**123 Duke Street**

**GIC2006148**

**Port of Spain**

Tel: 624 - 4410

**THE REPUBLIC OF TRINIDAD AND TOBAGO**

**IN THE HIGH COURT OF JUSTICE**

Claim # No.

BETWEEN

**TYRONE GIBBS Claimant**

**AND**

**RBTT BANK LIMITED**

**Defendant**

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

**STATEMENT OF CASE.**

1. The Claimant is and was at all material times the account holder of the Defendant Bank.
2. The Defendant (hereinafter called “the Defendant Bank”) at all material times a Bank carrying on the business of banking duly incorporated under the laws of Republic of Trinidad and Tobago with its registered office situated at 19 – 21 Park Street, Port of Spain, in the Island of Trinidad.
3. On or about 17th day of May, 2010 at approximately 10:30 am the Claimant was in the vicinity of the said Defendant Bank, since he was called about a loan he applied in the Defendant Bank.
4. The answer given by the Bank was unsatisfactory to the Claimant.
5. The Claimant was in the ATM Section of the Bank and he was talking to himself about how the Bank treated him
6. While he was there two security officers, the agents of the Defendant Bank came to him and enquired what he was talking about.
7. Then one of the security officers grabbed the slip belonging to the Claimant from the ATM machine and grabbed his left hand below the elbow digging his finger nails into the hand and thus injuring him and dragged him out of the Bank in front of other customer’s of the Bank.
8. The Claimant made a report in the San Juan Police Station.
9. He then was told to go by a Doctor. He went to the Port of Spain Health centre in Oxford Street and was examined by a Doctor and was treated. A copy of the medical report is hereto marked “A” and attached.
10. Due to the pain in the arm the Claimant could not go to work for a week and lost $500 dollars per day during that time.
11. The Claimant caused his attorney at that time Mr.Noel John to write a letter to the Defendant Bank, to the attention of Michelle Mc Kenzie Gonzales and till date there was no response. A copy of the letter is hereto marked “B” and attached.
12. The Claimant retained Mr. Christopher Gidla , attorney at Law and he wrote a letter to the Ms. Elizabeth V.Ramdeo, of the Legal Department.
13. She replied to to Mr.Christopher Gidla, on February 1, 2011 denying any assault occurred as alleged. A copy of the letter is hereto attached and marked “C”

Particulars of Injury

1.Pain and suffering

2.Hurt and injury to feelings

3.Loss of reputation

Particulars of Special Damages

1.Loss of earnings of $500 per week for Seven days $3500

And the Claimant claims against the Defendant

1. Damages for Negligence including Pain and suffering
2. Damages for Trespass to the person, assault and battery
3. Costs
4. Interest Pursuant to Section 25 of the Supreme Court of Judicature act Chapter 4:01 of the Laws of the Trinidad and Tobago as amended or the Court’s equitable Jurisdiction.
5. And such further and other relief as the court may deem just.

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:

Elizabeth V.Ramdeo

Counsel,Personal and Business Banking

Group Law & Corporate Secretarial Unit

3rd floor, 8 sweet Briar Road,

St.Clair, Port of Spain

**ATTORNEY AT LAW FOR THE DEFENDANT.**

To:

RBTT

POl Box 287, Royal Court,

19-21 Park Street,

Port of Spain

Trinidad

**DEFENDANT**

**DATED** the day of ,2011

**CERTIFICATE OF TRUTH**

**I, Tyrone Gibbs, the Claimant herein state that and believe that the contents of this claim form and statement of case is true and that I am entitled to the remedies claimed**

**Tyrone Gibbs**

**Claimant**

**FORM 3: (Part 9)**

**THE REPUBLIC OF TRINIDAD AND TOBAGO**

**IN THE HIGH COURT OF JUSTICE**

Claim #

**ROY RAMIREZ Claimant**

**AND**

**DAVID JAMES**

**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)

**THE REPUBLIC OF TRINIDAD AND TOBAGO**

**IN THE HIGH COURT OF JUSTICE**

Claim #

**ROY RAMIREZ Claimant**

**AND**

**DAVID JAMES**

**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