### IN THE REPUBLIC OF TRINIDAD AND TOBAGO

**CHRISTOPHER ROSS GIDLA**

**Attorney at law**

**Gidla & Associates**

**99 A Duke Street**

**Port of Spain**

**Tel: 350-6259**

**IN THE REPUBLIC OF TRINIDAD AND TOBAGO**

#### IN THE HIGH COURT OF JUSTICE

CLAIM NO. cv 2013-4787

##### BETWEEN

**ARMIN AMRITA DASS-MAHABIR Claimant**

##### AND

## 

## CYRIL RATTANSINGH 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 head by the Court except as to costs of the method of paying any Judgment unless you apply set judgment aside.

1. Have you receive the Claim Form with

the above Claim Number YES

2. IF so when? 30/11/2013

3. Did you also receive the Claimant’s

Statement of Case? YES

4. IF so when? 30/11/2013

5. Are your names properly stated on the

Claim Form? YES

6. DO you intend to defend the claim? YES

If so you must file a defence within 28 days of

the service of the Claim Form on you

7. Do you admit the whole of the claim? NO

If you do you should either

a) pay the claim direct to the Claimant or

his or her attorney, or

b) complete the application form to pay

the claim by instalments. If you pay

the whole debt together with the costs

and interest as shown on the claim Form

you will have no further liability for costs

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

If you do you may –

a) pay the money that you admit direct to the

Claimant or his Attorney, or

b) complete the application form to pay the Claim

by instalments

9. If so, how much do you admit? \_\_\_\_\_\_\_\_\_\_\_\_\_

If you dispute the balance of the Claim you must also file a Defence within 28 Claim Form on you or Judgment may be entered against you fro the whole amount claimed.

10. What is your own address? Lp# 3 Mahabir Lane, Da badie

11. What is your address of service?

Christopher Ross Gidla,

Attorney at Law

Gidla & Associates

99 A Duke Street

Port of Spain

Tel: 350-6259

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

Signed\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Christopher Ross Gidla

Defendant’s Attorney

The Court Office is at the Hall of Justice Knox Street Port of Spain, telephone numbers 623-2416, Fax 625-8149. The Office is open between 8:00 a.m to 4:00 p.m Mondays to Fridays except on Public Holidays and Court Holidays.

### IN THE REPUBLIC OF TRINIDAD AND TOBAGO

**CARL D. QUAMINA**

**Attorney At Law**

**C/O Wilson & Company**

**Attorney At Law**

**37 Abercromby Street**

**Port of Spain**

#### IN THE HIGH COURT OF JUSTICE

No.

##### BETWEEN

**Claimant**

##### AND

## 

## 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\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Defendant Date

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

Signed \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Attorneys for the Defendant

The Court Office is at the Hall of Justice Knox Street Port of Spain, telephone numbers 623-2416, Fax 625-8149. The Office is open between 8:00 a.m to 4:00 p.m Mondays to Fridays except on Public Holidays and Court Holidays.

**COUNTERCLAIM**

I claim against the Claimant

(set out details of the remedy or relief sought)

on the 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 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Defendant Date

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

Signed \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Attorneys for the Defendant

Notes:

a. The Defendant may set out his defence in any way he chooses – it is not necessary to use this form.

b. 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 case

c. He must give his reasons for denying any allegations made by the Claimant

d. 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.

e. The Defendant may not be allowed to give evidence about any fact which is not set out in the Defence

f. If the Defendant wishes to counterclaim he must

* specify any remedy that he seeks against the claimant
* include any documents which he considers necessary to his case.

g. Where the Defendant is represented by an Attorney he must also sign the Form and give his address for service.