**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 2011

**TERENCE GORDON**

**Claimant**

**AND**

**ROHAN SINGH**

**DHANBASSIE MARTINEZ Defendant**

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**FIXED DATE CLAIM FORM**

The Claimant, **TERENCE GORDON** claims against the Defendants, **ROHAN SINGH, DHANBASSIE MARTINEZ**, of Toco Road, Sangre Grande the following:

1. A declaration that the Claimant is entitled to a Right of way over the premises known as Graham Trace Extension, Junior Secondary School, Sangre Grande at points shown in the photograph annexed hereto by way of necessity.
2. An injunction restraining the Defendant by himself, his agents or otherwise howsoever from restricting, preventing or otherwise interfering with the Claimant’s reasonable enjoyment of such right of way and ordering the defendant to remove the fence obstructing the Claimants right of way to his house situated at Graham Trace extension, opposite Junior Secondary School, Sangre Grande.
3. An order that the bridge in front of the Claimant’s land be restored.
4. Cost.
5. Such further and or other order as the nature of the case may require

**………………………………………………………………**

**Christopher Ross Gidla**

**Attorney At Law for the Claimant**

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

The First hearing of this Claim will take place at the Hall of Justice, Knox Street, Port of Spain on the day of 20 , at am/pm in courtroom .

If you do attend, the Judge may

1. Deal with the Claim: or
2. Give directions for the preparation of the case for a further hearing.

A Statement of Case or an affidavit giving full details of the Claimant’s claim should be served on you with this claim form. If not and there is no order permitting the claimant not to serve the statement of case or affidavit you should contact the court office immediately.

You should 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 service of this claim form on you. The Form of appearance may be completed by you or an attorney at law acting for you.

**You should consider obtaining legal advice with regard to this claim. See the notes on the back of this form or on the next page.**

**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 are true and that I am entitled to the remedy claimed.

Signed…………………………………………………………..

Terence Gordon

Claimant

The **court office is at the Hall of Justice, Knox Street, Port of Spain,** telephone number 690-2156 Fax 690 - 2674 .The office is open between 8:00am and 4:00pm. Mondays to Fridays except public holidays and court holidays.

Dated the day of 2011

The Claimant address for service is **Christopher Ross Gidla,** Attorney At Law, 123 Duke Street, Port of Spain, Trinidad and Tobago.

NOTES FOR DEFENDANT (FIXED DATE CLAIM)

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.

**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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**IN THE HIGH COURT OF JUSTICE**

Claim # of 2011

**TERENCE GORDON**

**Claimant**

**AND**

**ROHAN SINGH**

**DHANBASSIE MARTINEZ 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? ……………………

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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.