###### FORM 10: APPLICATION RELATING TO CHILD(REN)

The Republic of Trinidad & Tobago

**In the High Court of Justice Petition/ Application No. 00199/2013**

**Family**

**Between**

**SYLINA DUPREY**

Applicant

And

**BERNARD DUPREY**

Respondent

**APPLICATION RELATING TO CHILD(REN)**

**FULL NAMES OF EACH CHILD TO WHOM THIS APPLICATION RELATES:**

**1. THE APPLICANT**

**SYLINA DUPREY**

**Lp#62 Wallace Road,**

**Chinapoo Village,**

**Morvant**

**Tel: 310-2862**

**Applicant’s Attorney**

**Christopher Gidla**

**18-20 Pembrokestreet**

**Port of Spain**

**Tel 350-6259**

**2. THE CHILD**

**CYNTHIA DUPREY**

**BORN ON 1st of March, 1973**

**Daughter**

**State the order that you seek.**

**Maintenance**

**3. OTHER CASES AFFECTING THE CHILDREN**

**State with regard to each child whether there have been any previous proceedings in ANY court.**

**Give name of court, date, type of proceedings and order made.**

**4. RESPONDENTS TO THE APPLICATION**

**Address:**

**BERNARD DUPREY**

**# 62 Wallace Road,**

**Chinapoo Village**

**Morvant**

**Date of Birth:**

**20th of May, 1934**

**Relationship to the Child:**

**Father**

**5. CARE OF THE CHILD**

**Cynthia Duprey**

**Current Address:**

**#62 Wallace Road**

**Chinapoo Village**

**Morvant**

**how long the child has lived there:**

**since her birth, 1**

**whether it is his or her normal address:**

**yes**

**who cares for the child:**

**Applicant/Mother**

**whether there are other children there and, if so, the child's relationship to the other children.:**

**No**

**6. OTHER ADULTS**

**State with regard to each child whether there is any adult other than a parent living with the child,**

**whether that adult lives there permanently.**

**whether s/he has been involved in any court proceedings relating to the child**

**The Applicant’s son Berthrand Duprey and his wife Megan Richardson and their son lives in the house**

**7. THE ORDERS YOU SEEK.**

**Maintenance**

**8. YOUR REASONS FOR MAKING THE APPLICATION**

**Set out briefly your reasons, you may be able to amplify them in writing later.**

**The Child is born on 1st of March, 1973 and is 40 years of age. However, she is disabled and has the brain of a 10 year of child. She cannot support herself and the applicant has to take care of her. She gets the disability benefit of $1500 per month. But however, this money is not enough to maintain her since, her expenses would be as per her food costs would be $1000 and she needs a caretaker and hence the applicant cannot do any other work and hence she would have to support herself from the benefit. The cost of living for the applicant would be $1000 per month.**

**signed**

**Dated**

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###### NOTICE OF DIRECTIONS HEARING

Directions will be given relating to this application at the directions hearing on

(date) at (time)

at .

[Directions have already been given at the directions hearing on ]

The **Court Office** is at [ ], telephone number xxx.xxxx, FAX number xxx.xxxx. The office is open between [8.00 am and 4.00 p.m. every days except Public Holidays and on such other days as the Court Office is closed.