

REPUBLIC OF TRINIDAD AND TOBAGO
SUPREME COURT OF JUDICATURE

Prescribed Forms

1998

427

FORM 1: CLAIM FORM [Rule 8.1 (3)].

(Nature of Case)

Filing Attorney: (Name of attorney) (Bar no.)

[Firm (if any)]

(Address)

(Tel. no., fax no., e-mail address)

Advocate: (Name of Advocate) (Bar no.)

(Tel no., fax no., e-mail address)

The Republic of Trinidad and Tobago

In the High Court of Justice

Claim No. CV

Between

A.B.

Claimant

And

C.D.

Defendant

CLAIM FORM

The Claimant, A.B. (full names), of (full address)

claims against the Defendant, C.D. (full names), of (full address)

(Set out briefly the nature of the claim and state any specific amount or remedy that you are claiming)

(to be completed only where the claim is for a specified amount)

Amount claimed	\$
Court fees	\$
Attorney's fixed costs on issue	\$
Together with interest from _____ to date	\$
(Daily rate thereafter @ \$ _____ per day)	\$ _____
Total Claim	\$ _____

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Civil Proceedings Rules 1998

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 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 an attorney-at-law 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:
[Claimant]

Dated

The claimant's address for service is:



Signed:
[Claimant in person] [Attorney-at-law for the Claimant]

The court office is at [the Hall of Justice, Knox Street, Port-of-Spain] telephone number xxx-xxxx, FAX xxx.xxxx. The office is open between [8.00 a.m.] and [4.00 p.m.] Mondays to Fridays except public holidays and court holidays.
