

REPUBLIC OF TRINIDAD AND TOBAGO  
SUPREME COURT OF JUDICATURE

434

Civil Proceedings Rules 1998

FORM 3 – APPEARANCE TO CLAIM FORM (Part 9)

(HEADING AS IN FORM 1)

APPEARANCE

Please enter appearance for .....  
[State name(s) of Defendant(s)]

**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? .....
6. 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.
7. Do you admit the whole of the claim? YES/NO  
If you do you should either –  
(a) pay the claim direct to the claimant or his Attorney-at-law; 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? YES/NO  
If you do you may either –  
(a) pay the money that you admit direct to the claimant or his Attorney-at-law; 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 days of service of the claim form on you or judgment may be entered against you for the whole amount claimed.
10. What is your own address? .....  
.....
11. 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: .....

Dated ..... [Defendant in person] [Defendant's Attorney-at-law]  
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.