

**DRAFT**

**THIS IS A SPECIMEN OF AN APPLICATION FOR THE ISSUE OF A PRACTISING CERTIFICATE. IT IS PROVIDED PURELY AS A COURTESY AND IS GIVEN WITHOUT ANY RESPONSIBILITY AS TO ITS ACCURACY OR EFFECTIVENESS. PLEASE NOTE THAT THIS NOTIFICATION MUST NOT BE INCLUDED IN THE PERFECTED PETITION.**

Issue of Practising Certificate

Filing Attorney:  
Bar No.  
Street,  
Port of Spain  
Email:  
Telephone: (868)  
Fax: (868)

**REPUBLIC OF TRINIDAD AND TOBAGO**

**IN THE HIGH COURT OF JUSTICE**

No. CV2015 –

**IN THE MATTER OF THE LEGAL PROFESSION ACT, 1986**

And

**IN THE MATTER OF AN APPLICATION BY \_\_\_\_\_  
FOR THE ISSUE OF A PRACTISING CERTIFICATE  
TO PRACTISE AS AN ATTORNEY-AT-LAW  
IN THE SUPREME COURT OF JUDICATURE OF THE REPUBLIC OF  
TRINIDAD AND TOBAGO**

Between

**(Name of Claimant)**

Claimant

And

**THE REGISTRAR OF THE  
SUPREME COURT OF JUDICATURE**

Defendant

----oOo----

**FIXED DATE CLAIM FORM**

The Claimant \_\_\_\_\_ of \_\_\_\_\_, in the Island of Trinidad in the Republic of Trinidad and Tobago claims against the Defendant **THE REGISTRAR OF THE SUPREME COURT OF JUDICATURE** of Hall of Justice, Knox Street, Port of Spain, in the Island of Trinidad in the Republic of Trinidad and Tobago as follows:

1. An Order that upon the payment by the Claimant of the sum of \$\_\_\_\_\_ to the Law Association of Trinidad and Tobago through the Registrar of the Supreme Court of Judicature as arrears of annual subscriptions for the issuing of practising certificates for the law terms of \_\_\_\_\_ and the sum of \$\_\_\_\_\_ to the Law Association of Trinidad and Tobago through the Registrar of the Supreme Court of Judicature as current annual subscriptions for the 2015-2016 law term and the sum of \$\_\_\_\_\_ to the Registrar of the Supreme Court of Judicature as arrears of annual contributions to the Compensation Fund for the law terms \_\_\_\_\_ and the sum of \$\_\_\_\_\_ to the Registrar of the Supreme Court of Judicature as current annual contributions to the Compensation Fund for the 2015-2016 law term, the Registrar of the Supreme Court of Judicature do issue to the Claimant (**Name of Claimant**) Practising Certificate for the 2015-2016 law term the Claimant being an Attorney-at-Law who has, for 12 months or more, not held a valid practising certificate;
2. An Order that the period of notice of 6 weeks that is required to be given to the Registrar of the Supreme Court of Judicature of this application by virtue of section 24(1) of the Legal Profession Act 1986 be and is hereby abridged to the date of the order made herein; and
3. Such further or other orders as are necessary or appropriate.

### **NOTICE TO THE DEFENDANT**

The First Hearing of this Claim will take place at the Hall of Justice, Knox Street, Port of Spain on  
the                      day of                      , 2011 at                      a.m./p.m. before the  
Honourable Justice                      in Court Room POS                      .

**If you do not attend at that hearing, judgment may be entered against you in accordance with the Claim.**

If you do attend, the judge may:

- (a)      deal with the claim, or
- (b)      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 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.**

The Court Office is at [the Hall of Justice Knox Street, Port of Spain] telephone number 623-6917, FAX 623-5238. The office is open between 8:00a.m and 4:00 p.m. Mondays to Fridays except Public Holidays and Court Holidays.

The Claimant's address for service is:

c/o Chambers,  
Street,  
Port-of-Spain.

Signed \_\_\_\_\_

**Attorney at Law for the Claimant**

TO:           The Registrar of the Supreme Court  
              Hall of Justice  
              Knox Street  
              Port of Spain

## FORM 1A: NOTES FOR DEFENDANT

**This Form is important. When you get this document, you should consider getting legal advice.**

### **ACTION TO BE TAKEN ON RECEIPT OF THIS FORM:**

The claimant is making a claim against you in the Court. If you do nothing judgement may be entered against you. That means that the Claimant will be entitled to take steps to enforce payment from you of any money the Claimant is claiming and you will have no right to be heard except as to the amount of any claimed or as to the way in which you can pay the judgement, unless you apply to set judgement aside.

### **WHAT YOU CAN DO:**

**You can:**

#### **A. Defend the claim**

If you would like to do this you must:

Complete the form of acknowledgement of service and return it to the court office so that they receive it within **EIGHT DAYS** of the date on which you received this form AND provided that a statement of case was served on you with the claim form.

Complete the form of defence or submit some other form of defence showing why you dispute the claim and giving full details of all the facts on which you intend to reply if there is a trial.

This must be delivered or sent to the court office so that they received it within **TWENTY EIGHT DAYS** of the date on which you received this Form and a copy must be served to the claimant's attorney (or the claimant if the claimant has no attorney) at the address given.

If no statement of case is served with the claim form you need to file and serve a defence until twenty-eight days after the statement of case is served on you.

After you have filed your defence you will be given details of the date, time and place of a case management conference at which a Judge will decide that issues have to be determined by the Court and give directions about what needs to be done before the case is tried.

You must attend the hearing.

#### **B. Admit the whole of the Claim**

Complete the form of appearance stating that you admit the claim and return it to the Court office so that they receive it within **EIGHT DAYS** of the date on which you received this form.

If you can pay the amount stated on the Claim Form including fees, costs and interest you should pay this to the Claimant within **EIGHT DAYS** and no further steps can be taken against you.

You must add interest at the daily rate shown from the date stated on the Claim Form.

If you cannot pay this sum in full you may apply to the Court to pay by instalments. If you wish to do so you must complete the financial particulars form and return this to the court with your appearance.

### **C. Admit part of the claim and defend the rest**

Complete the form of appearance stating how much you admit and return it to the Court office so that they receive it within EIGHT DAYS of the date on which you received this form AND complete the Form of defence as under section A above.

You **may** also:-

Pay the amount that you admit direct to the Claimant OR apply to pay that sum by instalments. If so you should follow the procedure indicated under B.

### **D. Make a claim against the Claimant**

If you would like to do this you must:

Complete the form of appearance and return it to the court office so that they receive it within **EIGHT DAYS** of the date on which you received this FORM AND complete the form of defence giving details of your defence (if any) to the claim as under A above and also the claim that you are making against the Claimant and return it to the Court offices so that they receive it within **TWENTY-EIGHT DAYS** of the date on which you received this Form.

If you admit the Claim but wish to counterclaim you should say so. If your counterclaim is for a lower sum than the claim you may pay the difference between the amount that the claimant claims from you and the amount that you claim from him direct to the Claimant OR apply to pay that sum by instalments. If so you should follow the procedure indicated under B.

You will be given details of the date, time and place of a case management conference at which a judge will decide that issues have to be determined by the court and give directions about what needs to be done before the case is tried.

**NB: REMEMBER, IF YOU DO NOTHING, JUDGEMENT MAY BE ENTERED AGAINST YOU WITHOUT ANY FURTHER WARNING.**

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Between

**(Name of Claimant)**

Claimant

And

**THE REGISTRAR OF THE  
SUPREME COURT OF JUDICATURE**

Defendant

----o0o---

**AFFIDAVIT**

I, \_\_\_\_\_ of \_\_\_\_\_, Attorney-at-Law, make oath and say as follows:-

1. I am the Claimant herein the facts and matters deposed in this affidavit are to the best of my knowledge true and correct except where otherwise stated.
2. On (Date of Admission) I was admitted to practice as a attorney at law

3. From \_\_\_\_\_ to the present date I have not been the holder of a practicing certificate nor have I practiced as an attorney-at-law in Trinidad and Tobago.
4. I am desirous of obtaining a practising certificate for the jurisdiction of Trinidad and Tobago for the purposes of my employment with (If necessary insert employment information) There is now produced and shown to me and exhibited hereto as “\_\_\_\_1” a true copy of \_\_\_\_\_.
5. I have paid all outstanding fees due to the Law Association of Trinidad and Tobago. There is now produced and shown to me and exhibited hereto as “\_\_\_\_2” a true copy of receipt no. \_\_\_\_\_.
6. I say that to the best of my knowledge, information and belief I do not fall within any of the provisions in sections 24(2) (b) to (i) of the Legal Profession Act, 1986.
7. In the circumstances I respectfully ask this Honourable Court for an order in terms of paragraphs 1 and 2 of the Fixed Date Claim Form .

Sworn at No. \_\_\_\_\_ Street)  
Port of Spain, on \_\_\_\_\_ 2015)

Before me,

---

**COMMISSIONER OF AFFIDAVITS**

**FILED ON BEHALF OF THE CLAIMANT**



ISSUE OF PRACTISING CERTIFICATE

Filing Attorney:  
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Between

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Defendant

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----- "1"

This is the exhibit referred to as ----- "1" in the prefixed  
Affidavit of ----- ,  
sworn to before me this       <sup>th</sup> day of -----, 2009

.....  
COMMISSIONER OF AFFIDAVITS

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Claimant

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Defendant

----o0o----

. “2”

This is the exhibit referred to as -----“2” in the prefixed  
Affidavit of -----,  
sworn to before me this           <sup>th</sup> day of -----, 2009

.....  
COMMISSIONER OF AFFIDAVITS