# FORM 1 CLAIM FORM

## [Rule 8.1 (4)]

In the High Court of Belize A.D. *[specify year in which claim is filed]* Claim No……………………..of [*specify year in which claim is filed]*

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| BETWEEN |  |  | **A.B.** |  | Claimant |
|  |  |  | And |  |  |
| **Claim Form** |  |  | **C.D**. |  | Defendant |
| The claimant,    claims against |  |  | A.B. (full name), of |  | (full address) |
| the defendant, |  |  | C.D. (full names), of | | (full address) |

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

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

Amount Claimed $………………..

Court fees $………………..

Legal practitioner’s fixed costs on issue $……………….

Together with interest from (dd/mm/yy) to (dd/mm/yy) $……………….

(Daily rate thereafter -$ per day) $……………….

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Total Claim** $……………….

### 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 claim or a copy of a court order entitling the claimant to serve the claim form without a statement of claim.

If you do not complete the form of acknowledgment of service served on you with this claim form and deliver or send it to the court office (address below) so that they receive it within 14/21 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 acknowledgment of service may be completed by you or a legal practitioner 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 six months of the date below unless it is accompanied by an order extending that time.

Dated this \_\_\_\_ day of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ in the Year of Our Lord

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

[SEAL]

The court office is at [ ] telephone number [ ], Fax [ ]. The office is open between [ a.m.] and [… p.m.] and from [ p.m.] to [ p.m.] except on public and bank holidays.

The claimant’s address for service is: (*set out clearly below*)

# FORM 1A NOTES FOR DEFENDANT

**[Rule 8.14 (1)]**

# 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, judgment 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 costs claimed or as to the way in which you can pay the judgment, unless you apply to set judgment aside.

# WHAT YOU CAN DO

You can

## *A. Defend the claim*

If you would like to do this you must:

* Complete the form of acknowledgment of service and return it to the court office so that they receive it within 14/21 days of the date on which you received this form.

* AND, if a statement of claim 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 giving full details of all the facts on which you intend to rely if there is a trial.

* Deliver or send the form of defence to the court office so that they receive it within 28/42 days of the date on which you received this form.
* Serve a copy of the form of defence on the claimant's legal practitioner (or the claimant if the claimant has no legal practitioner) at the address given on the claim form.

* If no statement of claim is served with the claim form you need not file and serve a defence until twenty eight/forty two days after the statement of claim 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 what 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 case management conference.

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

If you would like to do this you must:

* Complete the form of acknowledgment of service stating that you admit the claim and return it to the court office so that they receive it within 14/21 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 8/21 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 Application to Pay by Instalments form and return it to the court with your acknowledgment of service.

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

If you would like to do this you must:

* Complete the form of acknowledgment of service stating how much you admit and return it to the court office so that they receive it within 14/21 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 acknowledgment of service and return it to the court office so that they receive it within 14/21 days of the date on which you received this form.

* 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 office so that they receive it within 28/42 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 (using the procedure indicated under B) to pay that sum by instalments. You will be given details of the date, time and place of a case management conference at which a judge will decide what issues have to be determined by the court and give directions about what needs to be done before the case is tried.

**REMEMBER THAT IF YOU DO NOTHING, JUDGMENT MAY BE ENTERED AGAINST YOU WITHOUT ANY FURTHER WARNING.**

**\_\_\_\_\_\_\_\_\_\_.....\_\_\_\_\_\_\_\_\_\_**

# FORM 2

# FIXED DATE CLAIM FORM

## *[Rule 8.1 (5)]*

In The High Court of Belize A.D. [*specify year in which claim is filed*]

Claim No. of …………………… [*specify year in which claim is filed*]

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| BETWEEN |  |  | **A.B.** |  | Claimant |
|  |  |  | And |  |  |
| **Claim Form** |  |  | **C.D**. |  | Defendant |
| The claimant,  claims against |  |  | A.B. (full name), of |  | (full address) |
| the defendant, |  |  | C.D. (full names), of | | (full address) |

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

# NOTICE TO THE DEFENDANT

The first hearing of this claim will take place at [ ] on day the day of , 2\_\_\_\_ , at a.m. / p.m.

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

If you do not attend, the judge may –

1. deal with the claim, or

1. give directions for the preparation of the case for a further hearing.

A statement of claim 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 claim or affidavit you should contact the court office immediately.

You should complete the form of acknowledgment of service served on you with this claim form and deliver or send it to the court office (address below) so that they receive it within 14/28 days of service of this claim form on you. The form of acknowledgment of service may be completed by you or a legal practitioner 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 6 months of the date below unless it is accompanied by an order extending that time.

Dated ……………………………………………………….. [SEAL]

The court office is at [ ] telephone number [ ], FAX [ ]. The office is open between[....a.m.] and [ p.m.] and from […..pm] to [ …pm] except on public and bank holidays.

The claimant's address for service is: *(set out clearly below)*.

# NOTES FOR DEFENDANT (FIXED DATE CLAIM)

The claimant is seeking an order from the court as set out in the claim form on the basis of the facts or evidence set out in the statement of claim or affidavit served with it. The claimant will not be entitled to enter judgment against you without a hearing.

You may:

## *A. Admit the claim*

If so, you should complete and return the form of acknowledgment of service to the court office within 14/28 days 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 acknowledgment of service as under A. You should also file at the court office and serve on the claimant's legal practitioner (or the claimant if the claimant has no legal practitioner):

1. a defence if the claim form was accompanied by the claimant's statement of claim,

OR

1. an affidavit in answer if the claim form is accompanied by an affidavit sworn by or on behalf of the claimant

within 28/42 days of the day on which the claim form was served on you. Your defence or affidavit must set out briefly ALL the facts on which you will rely to dispute the claim made against you.

**You should also attend the first hearing. If you do not the judge may deal with the claim in your absence.**

### C. Make a claim against the claimant

If so, you should complete and return the form of acknowledgment of service as under A. You must file a statement of claim (a counterclaim) setting out full details of what you claim against the claimant and the facts on which you will rely. This must be done within 28/42 days of the date on which the claim form was served on you. The statement of claim should 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.**

\_\_\_\_\_\_\_\_\_\_.....\_\_\_\_\_\_\_\_\_\_

# FORM 3 APPLICATION TO PAY BY INSTALMENTS

***[Rule 8.14(1)]***

## (Heading as in Form 6)

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

owes the claimant the amount of $ ......................claimed on the claim form and cannot pay the amount in one lump sum.

The Applicant applies to the court for an order to pay the amount due by instalments of $ per week/month and provides the following information:

1. Marital status: Married Single Other (specify)

1. Age:

1. Dependants: Children: *(state names and ages)*

1. Other Dependants: *(state names and give details)*

1. If employed state nature of employment and name and address of employer.

1. If self-employed, give particulars of annual receipts of the business.

1. Give details of any job other than main job.

1. Give details of

* 1. contracts and other work in hand and

* 1. any sums due for work done

1. If unemployed, say how long unemployed.

1. Pensioner: Yes/No

1. List cash assets.

1. 1 live in my own property jointly owned property rented property lodgings other (specify)
   1. My usual take home pay is; or $ …………..

* 1. My pension is $ …………..

* 1. Other income $ …………..

Total Income $ …………..

1. My regular expenses are as follows

* 1. Mortgage $………………… (b) Rent $…………………

(c) Electricity $………………… (d) Water $………………… (e) Cooking gas $………………… (f) Telephone $…………………

* 1. Hire Purchase repayments $…………………
  2. Food $…………………
  3. School fees $………………… (j) Travelling expenses $………………… (k) Children’s clothing $………………… (l) Maintenance payments $…………………

(m) Others (do not include court orders and debts listed in 14, 15 and 16)

…………………………………… $…………………

…………………………………… $…………………

…………………………………… $…………………

…………………………………… $…………………

Total expenses $…………………

1. I am in arrears as follows:

* 1. Rent arrears $…………………
  2. Mortgage arrears $…………………
  3. ) Water arrears $…………………

* 1. Electricity arrears $………………… (e) Telephone arrears $………………… (f) Maintenance arrears $…………………

(g) Others $………………… …………………………………….. $…………………

…………………………………….. $…………………

……………………………………. $…………………

Total arrears $…………………

1. I am making court ordered payments

as follows: (specify particulars of case(s)

and instalments or amounts ordered to be

paid) $…………………

1. I have loans and credit card debts as follows:

…………………………………. $…………………

…………………………………. $…………………

…………………………………. $…………………

…………………………………. $…………………

Of the above payments, I am behind with payments to (please list)

…………………………………

…………………………………

…………………………………

…………………………………

I declare that the details I have given above are true to the best of my knowledge.

Dated

Signed Applicant

**NOTICE:**

This application will be heard by [the Judge in Chambers] [Registrar] on day the day of , 20\_\_ at [ ] am/pm at [ ].

If you do not attend this hearing an order may be made in your absence.

OR

The [Judge in Chambers] [Registrar] will deal with this application by –

NB This notice of application must be served as quickly as possible on the respondent to the application.

The court office is at[ ] telephone number[ ], Fax [ ]. The office is open between [……..a.m.] and [……..p.m.] and from [……p.m.] to [……p.m.] except on public and bank holidays.

\_\_\_\_\_\_\_\_\_\_.....\_\_\_\_\_\_\_\_\_\_

# FORM 4 ACKNOWLEDGMENT OF SERVICE OF CLAIM FORM

***[Rule 9.2(1)]***

**(Heading as in Form 1)**

# ACKNOWLEDGMENT OF SERVICE

WARNING: If this form is not fully completed and returned to the court at the address below within 14/28 days of service of the claim form on you, the claimant will be entitled to apply to have judgment entered against you. If the claimant 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? …………………………………………………….. | *dd/mm/yy* |
| 3. | Did you also receive the claimant's Statement of Claim? | YES/NO |
| 4. | If so, when?.................................................................................. | dd/mm/yy |
| 5. | Are your names properly stated on the claim form?....................  If not, what are your full names? ............................................ | YES/NO |
| 6. | Do you intend to defend the claim?.........................................  If so you must file a defence within 28/42 days of the service of the claim form on you. | YES/NO |
| 7. | Do you admit the whole of the claim?.......................................... | YES/NO |

If you do you should either

1. pay the claim direct to the claimant or the claimant's Legal practitioner, or
2. 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 within 14/28 days you will have no further liability for costs.

8. Do you admit any part of the claim? ……………………………… YES/NO

If you do you may -

1. pay the money that you admit direct to the claimant or the claimant's legal practitioner, or

1. complete the application form to pay the claim by instalments.

1. If so, how much do you admit?

……………………………………………………………….……………………………

if you dispute the balance of the claim you must also file a defence within 28/42 days of service of the claim form on you or judgment may be entered against you for the whole amount claimed.

1. What is your own address?

…………………………………………………………………………………………….

1. 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 documents may be sent either from other parties or from the court. You should also give your telephone number and FAX number, if any.

Dated ……………………………………………………………………………………………..

Signed .. …………………………………………………………………………………………..

## [Defendant in person] [Defendant's Legal Practitioner]

The court office is at [ ] telephone number [ ] FAX [ ] . The

office is open between [ a.m.] and [ p.m.] and from[………p.m.] to [ ……p.m.] except on public and bank holidays.

\_\_\_\_\_\_\_\_\_\_.....\_\_\_\_\_\_\_\_\_\_

# FORM 4A Acknowledgment of Service of Fixed Date Claim Form

***[Rule 9.2(1)]***

**(Heading as in Form 1)**

# ACKNOWLEDGMENT OF SERVICE OF FIXED DATE CLAIM FORM

WARNING: This form should be completed and returned to the court at the address below within 14/28 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

1. If so, when did you receive it? …………………………………… dd/mm/yy

1. Did you also receive the claimant's statement of claim or

## affidavit in support? ………………………………………….. YES/NO

1. If so, on what date did you receive them?................................... dd/mm/yy

1. Are your names properly stated on the claim form?

If not, what are your full names? ………………………………………………

1. Do you intend to defend the claim? ……………………………….. YES/NO

If so you must file a defence within 28/42 days of the service of the claim form on you.

1. Do you admit the whole claim? ……………………………………. YES/NO

1. Do you admit any part of the claim?................................................... YES/NO

1. If so, what do you admit? .............................................................................

1. What is your own address? .............................................................................

…………………………………………………………………………………..

1. 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 documents may be sent either from other parties or from the court. You should also give your telephone number and

FAX number, if any.

Dated.................................................................................................................................................. .

Signed................................................................................................................................................

## [Defendant in person] [Defendant's Legal Practitioner]

The court office is at [ ] telephone number [ ], FAX [ ]. The office is open between [ a.m.] and [ p.m.] and from [……p.m.] to [……p.m.] except on public and bank holidays.

\_\_\_\_\_\_\_\_\_\_.....\_\_\_\_\_\_\_\_\_\_

# FORM 5 DEFENCE AND COUNTERCLAIM

***[Rule 10.2 (1)]***

**(Heading as in Form 1)**

# DEFENCE

I dispute the claim on the following grounds -

*(Specify grounds Number each ground separately)*

I certify that all the facts set out in my defence are true to the best of my knowledge, information and belief.

My address for service is …………………………………………………………………………..

Telephone no. is ……………………………………………………………………………………

My Fax no. is…………………………………………………………………………………….

Dated .................................................. ……………………………………………………………

Signed ................................................ …………………………………………………………….

## [Defendant in person]

We are acting for the defendant; our address for service is:

Signed ……………………………………………………………………………………………

## (Legal Practitioner for the Defendant)

The court office is at [ ] telephone number [ ], FAX [ ]. The office is open between [ a.m.] and [ p.m.] and from [……p.m.] to [……p.m.] except on public and bank holidays.

# COUNTERCLAIM

I claim against the claimant ……………………………………………………………………….

(set out details of the remedy or relief sought)…………………………………………………….

……………………………………………………………………………………………………..

on the following grounds …………………………………………………………………………

(Set out the grounds. Number each ground separately)………………………………………….

…………………………………………………………………………………………………… ……………………………………………………………………………………………………..

I certify that all the facts set out in my counterclaim are true to the best of my knowledge information and belief and that I am entitled to the remedy claimed

Dated ……………………………………………………………………………………..

Signed ...............................................................................................................................

## [Defendant in person]

We are acting for the defendant; our address for service is:

Signed …………………………………………………………………………………..

## (Legal Practitioner for the Defendant)

NOTES:

1. The defendant may set out the defendant's defence in another manner - it is not necessary to use this form.

1. the defendant must:

* + state which allegations in the claim are admitted.
  + which are denied.
  + which are neither admitted or denied because the defendant does not know whether they are true.
  + identify any documents considered necessary to the defendant's case.

( c ) The defendant must give reasons for denying any allegations made by the claimant.

1. The defendant must set out clearly all the facts on which the defendant relies to dispute

the claim and must set out any different version of events on which the defendant relies.

1. The defendant may not be allowed to give evidence about any fact which is not set out in the defence.

1. If the defendant wishes to counterclaim the defendant must:

* + specify any remedy that the defendant seeks against the claimant.
  + include a short statement of all facts on which the defendant relies.
  + identify any documents which the defendant considers necessary to the defendant's case.

1. If the defendant is represented by a legal practitioner, the defendant must also sign the form and give the defendant's address for service.

## NOTICE

This application will be heard by [the Judge in Chambers] Registrar on

day the day of at am/pm at [ ]

**If you** **do not attend this hearing an order may be made in your absence.**

OR

The Judge in Chambers] [Registrar] will deal with this application by …………………………

NB This notice of application must be served as quickly as possible on the defendant to the application.

The court office is at [ ] telephone number [ ], FAX [ ]. The office is open between [ a.m.] and [ p.m.] and from [……p.m.] to [……p.m.] except on public and bank holidays.

\_\_\_\_\_\_\_\_\_\_.....\_\_\_\_\_\_\_\_\_\_

# FORM 6 APPLICATION

## *[Rule 11.6 (1) ]*

In the High Court of Belize, A.D. *[specify year in which application is made].*

Claim No.\_\_\_\_\_\_\_\_\_\_\_\_\_\_of \_\_\_\_\_\_\_\_\_\_\_\_\_\_*[specify year in which application is made].*

BETWEEN

### A.B. Applicant

and

**C.D.** Defendant

# NOTICE OF APPLICATION

The Applicant, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (*specify full names*), of \_\_\_\_\_\_\_\_\_\_\_\_ (*specify full address*) applied to the court for an order that –

A draft of the order that I seek is attached.

The grounds of the application are …….. *(Specify grounds. Number each ground separately)*

## [An affidavit in support accompanies this application]

Dated …………………………………………………………………………………………….

Signed ……………………………………………………………………………………………

(Legal Practitioner for the Applicant]

# FORM 7 REQUEST FOR DEFAULT JUDGMENT

***[Rule 12.7]***

**(Heading as in Form 1)**

# REQUEST FOR ENTRY OF JUDGMENT IN DEFAULT

I/We ……………………………………………………. the claimant/claimant’s

legal practitioner, request entry of judgment against the defendant in default of -

Acknowledgment of service ………………………. YES/NO

Defence ……………………………………………. YES/NO

(In case of failure to enter acknowledgment of service) Evidence of service of the claim form and statement of claim is filed with this Form.

(In case or failure to serve defence) I/We certify that -

1. the time for the defendant to file and serve a defence has expired (including any extension of time agreed between the parties);

1. no defence or counterclaim has been served on me/us; and

1. the defendant has not paid any monies in settlement of the claim except such sum as is stated below;

1. (where appropriate) permission to enter judgment was given by the court on

..................................................( *specify date*).

Judgment should be entered for:

|  |  |
| --- | --- |
| Amount claimed | $…………….. |
| Court fees on claim | $…………….. |
| Legal practitioner's fixed costs on issue | $…………….. |
| Together with interest from date of issue to today | $…………….. |
| Court fees on entering judgment | $…………….. |
| Legal practitioner's fixed costs on entering judgment | $…………….. |
|  | \_\_\_\_\_\_\_\_\_\_\_\_ |
| Total | $…………….. |

Less paid since issue of claim ……………………… $…………………

Amount for which judgment is to enter …………….. $…………………

To be paid (forthwith) on ( *state date* ) or by weekly/monthly instalments of $…………………………………………………………………………….

Dated ……………………………………………………………………………………….

Signed ………………………………………………………………………………………

## [Legal Practitioner for the Claimant]

The court office is at [ ] telephone number [ ], FAX [ ]. The office is open between [ a.m.] and [ p.m.] and from [……p.m.] to [……p.m.] except on public and bank holidays.

\_\_\_\_\_\_\_\_\_\_ …… \_\_\_\_\_\_\_\_\_\_\_

# FORM 8 REQUEST FOR ENTRY OF JUDGMENT ON ADMISSION

***[Rule 14.6 (2)]***

**(Heading as in Form 1)**

# REQUEST FOR ENTRY OF JUDGMENT ON ADMISSION

I/We …………………………………….. the claimant/claimant's legal practitioner request entry of judgment against the defendant on the defendant's admission.

(Admission of whole debt)

1. Judgment should be entered for:

Amount claimed ……………… $…………

Court fees on claim …………. $………….

Legal practitioner's fixed costs on issue …….. $………….

Together with interest from date of issue to today …….. $………….

Court fees on entering judgment ……………….. $………….

Legal practitioner's fixed costs on entering judgment ………… $ ………..

**Total………………………………………………………….. $.................**

Less paid since issue of claim …………………………… $………….

Amount for which judgment is to enter ………………. $………….

(Admission of part of debt)

1. Judgment should be entered for:

Amount admitted by defendant ………………………… $………….

Court fees on claim …………………………………….. $………….

Legal practitioner's fixed costs on issue ………………… $..................

*(Legal practitioner's fixed costs must be the fees and costs appropriate to the amount admitted)*

Together with interest from date of issue to today……….. $………….

Court fees on entering judgment ……………………. $…………..

Legal practitioner's fixed costs on entering judgment …… $…………..

*(Legal practitioner's fixed costs must be the fees and costs appropriate to the amount admitted)*

**Total $…………**

Less paid since issue of claim …………………… $…………

Amount for which judgment is to enter $………….

1. (i) I/We accept the claimant's offer to pay the amount due -

on ……………………………………………….. (*specify date*);

or, by instalments of $ per week/month

and ask for judgment to be entered accordingly [the first payment to be on……………] [*specify date*].

OR

* 1. I/We do not accept the claimant's proposals for payment of the amount due but would accept -

payment on ………………………………………………. *[specify date]*.

or, by instalments of $ …………..…………………….. per week/month

the first payment to be on ………………………………..*[ specify date].*

OR

* 1. I/We do not accept the defendant's proposals as to payment and ask for judgment to be entered for the balance due to be paid forthwith.

1. *(in cases (ii) and (iii) above)* My/our reasons for objecting to the defendant's proposals are: *(specify reasons)* ………………………………………………………………………………………………

………………………………………………………………………………………………

………………………………………………………………………………………………

I/We do not accept that the defendant's financial statement is correct in the following ways:

*[specify reasons]*

………………………………………………………………………………………………………

………………………………………………………………………………………………………

………………………………………………………………………………………………………

Dated .................................................................................................................................................

Signed................................................................................................................................................

## [Legal Practitioner for the Claimant]

The court office is at [ ] telephone number [ ], FAX [ ]. The office is open between [ a.m.] and [ p.m.] and from [……p.m.] to [……p.m.] except on public and bank holidays.

\_\_\_\_\_\_\_\_\_\_.....\_\_\_\_\_\_\_\_\_\_

# FORM 9 ANCILLARY CLAIM FORM

***[Rule 18.2(2)]***

**(Heading as in Form 1)**

# ANCILLARY CLAIM FORM

To ………………………………………..of ………………………………..…*[specify address]*

This claim has been brought by the claimant against the defendant in accordance with the claim form and statement of claim served with this notice. Copies of the defendant's statement of claim (the defendant's defence) and of all other statements of case that have been filed in the proceedings are also served with this notice.

The defendant claims against you - *[specify]* …………………………………………………..

……………………………………………………………………………………………………

……………………………………………………………………………………………………

on the grounds that *[specify grounds. Number each ground separately) ………………………….*

……………………………………………………………………………………………………

……………………………………………………………………………………………………

[The defendant will also ask the court to determine the following matters not only between the claimant and the defendant but also between the defendant and you: (*specify*) …………………..

………………………………………………………………………………………………………

………………………………………………………………………………………………………

If you wish to dispute the claimant's claim against the defendant or the defendant's claim against you, you must -

1. send or deliver a completed form of acknowledgment of service to the court office *(address below)* so that it is received by them within 14/28 days; and

1. send or deliver a defence to this claim to the court office so that it is received by them within 28/42 days of the day on which this claim was served on you. You must also serve a copy of your defence on the defendant's legal practitioners whose address is given below.

If you do not file a defence you will -

1. be deemed to have admitted the defendant's claim against you; and

1. be bound by any judgment or decision in the main proceedings in so far as it is relevant to any claim made against you and judgment may be entered against you.

Dated …………………………………………………………………………. (SEAL)

This Claim was issued by ……………………………………………………………………….. of………………………………………………………………………………….. ……………..

[Legal Practitioner for the Defendant]

The court office is at [ ] telephone number [ ], FAX [ ]. The office is open between [ a.m.] and [ p.m.] and from [……p.m.] to [……p.m.] except on public and bank holidays.

**\_\_\_\_\_\_\_\_\_\_\_\_ …..\_\_\_\_\_\_\_\_\_\_\_\_**

# FORM 10 LISTING QUESTIONNAIRE

***[Rule 27.9(1)]***

**(Heading as in Form 1)**

# LISTING QUESTIONNAIRE

WARNING: This is an important document. The information is required by the Court to list your case accurately. Inaccurate information may lead to a waste of court time and delays to other people's cases. Failure to return the form to the court office within 21 days or to complete it fully will lead to a listing hearing being fixed. You may have to pay the costs of this hearing.

1. Have all the directions given by the court been carried out?............ YES/NO

1. If not, which directions have not been carried out? *[specify]*…………………..

……………………………………………………………………………………

……………………………………………………………………………………

Disclosure of documents ……………………………………….. YES/NO

Inspection of documents ………………………………………… YES/NO

Service of witness statements ……………………………………. YESNO

Service of expert reports ………………………………………….. YESNO

Other (state which) ………………………………………………… YES/NO

*[specify here]*………………………………………………………… ……………………………………………………………………..

.

1. Why have they not been carried out? ……………………………………….

*[specify here]* ……………………………………………………………….

………………………………………………………………………………

1. When can the direction be complied with? …………………………………

*[specify here]*………………………………………………………………..

……………………………………………………………………………….

1. Will any application for relief be made by you? ……………….. YES/NO

1. Has ADR[[1]](#footnote-1) been tried? YES/NO

1. If not, why not? …………………………………………………………………. *[specify here]* …………………………………………………………………..

………………………………………………………………………………….

1. How many witnesses do you intend to call? ……………………………………

1. What is your present estimate for trial length? *[specify hours or days]…………*

1. What dates within the stated trial period will cause difficulty to

* 1. the claimant/defendant ………………………………………………….

* 1. the claimant's/defendant's Legal Practitioner ……………………………

* 1. any non-expert witness …………………………………………………..

* 1. any expert witness

1. Please give names, addresses and telephone numbers of

1. any Legal Practitioner you propose to instruct to represent you at trial ……………..

………………………………………………………………………………………… ………………………………………………………………………………………….

1. any expert witness whom you are entitled to call to give oral evidence ……………… ………………………………………………………………………………………….

………………………………………………………………………………………….

12. Please state the name of the Legal Practitioner (if any) who has conduct of this matter and give the Legal Practitioner's direct telephone number and or Fax number………………..

Dated..................................................................................................................................................

Signed ...............................................................................................................................................

## [Legal practitioner for the Claimant/Defendant]

**This form must be returned to the court office within 21 days.**

The court office is at [ ] telephone number [ ], FAX [ ]. The office is open between [ a.m.] and [ p.m.] and from [……p.m.] to [……p.m.] except on public and bank holidays.

\_\_\_\_\_\_\_\_\_\_\_\_......\_\_\_\_\_\_\_\_\_\_\_\_

# FORM 11 LIST OF DOCUMENTS

***[Rule 28.7(2)]***

**(Heading as in Form 1)**

# LIST OF DOCUMENTS

This list is completed in accordance with an order for:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| (a) | Standard disclosure |  |  | YES/NO |
| (b) | Specific disclosure |  |  | YES/NO |

Dated *[specify date of order]* ………………………………………………………….

and is served on behalf of the claimant/defendant/or *[specify other]*…………………..

I,………………………………………………………….[claimant] [defendant] [other] certify that I have had explained to me -

(a) the duty of standard disclosure, and

(b the terms of the order dated ………………………………. for specific disclosure

and my duty to disclose documents in accordance with that order, and that I have complied with that duty.

(In the case of a list served by a company, firm, association or other organisation, the certificate must continue -)

I am the (*capacity*) …………………. the of the [claimant] [defendant] [other].

I accept responsibility for identifying any individuals who might be aware of any document which should be disclosed. I have asked the following individuals whether they are aware of any such documents -

NAME POSITION

|  |  |
| --- | --- |
| 1……………………………………… | ……………………… |
| 2. ……………………………………. | ……………………… |
| 3. ……………………………………. | ……………………… |
| 4. ……………………………………. | ……………………… |

Part I of Schedule I contains a list of ALL the documents which -

1. are or were in the physical possession of the [claimant] [defendant];or

1. the [claimant] [defendant] has or has had a right to possession of, or

1. the [claimant] [defendant] has or has had a right to inspect or take copies of,

and on which the [claimant] [defendant] relies or intends to rely in these proceedings, together with such documents or classes of documents which the [claimant] [defendant] was ordered to disclose by the order of the court dated \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

I/We claim a right to withhold disclosure and inspection of the documents listed in Part 2 of Schedule I on the basis stated in the Schedule.

The [claimant] [defendant] is not in physical possession of the documents listed in Schedule 2 and the Schedule states what has happened to those documents.

Neither the [claimant] [defendant] nor the [claimant's] [defendant’s] legal practitioner nor anyone else on behalf of the [claimant] [defendant] now has or has ever had physical possession of, nor has the [claimant] [defendant] now or ever had the right to possession or the right to take copies of any document which should be disclosed and inspected under the terms of the court's order other than those listed in this List of Documents.

Dated ................................................................................................................................................

Signed ...............................................................................................................................................

## [Claimant] [Defendant] [Legal Practitioner] [named representative for claimant/defendant]

The court office is at [ ] telephone number [ ], FAX [ ]. The office is open between [ a.m.] and [ p.m.] and from [……p.m.] to [……p.m.] except on public and bank holidays.

**SCHEDULE 1**

# PART 1

No. Details of document or

class of documents *[List all documents in numerical order]*

# PART 2

|  |  |  |
| --- | --- | --- |
| No. | Details of document or | Reason for claiming a right |
|  | class of documents | not to disclose |
|  | *[List all documents in numerical order]* | *[List reasons. Each reason should* |
|  | **SCHEDULE 2** | be listed separately] |
| No. | Details of document or | What has happened to the |
|  | class of documents | documents including (to the |
|  | *[List details or class in numerical order]* | best of my/our information |
|  |  | and belief) where they are. |

*[Specify]*

# NOTICE TO INSPECT

The Documents listed in Part 1 of Schedule I may be inspected at *[specify and give physical address]* on any normal working day between the hours of \_\_\_\_\_a.m and \_\_\_\_\_\_ p.m. until …………………………..the (*date*) …….. of…………………………………………..

Dated …………………………………………………………………………………………….

Signed ……………………………………………………………………………………………

*[Legal Practitioner for the] [Claimant] [Defendant]*

The court office is at [ ] telephone number [ ], FAX [ ]. The office is open between [ a.m.] and [ p.m.] and from [……p.m.] to [……p.m.] except on public and bank holidays.

**\_\_\_\_\_\_\_\_\_\_\_\_......\_\_\_\_\_\_\_\_\_\_\_\_**

# FORM 12 WITNESS SUMMONS

***[Rule 33.2(2)]***

**(Heading as in Form 1)**

# WITNESS SUMMONS

To…………………………………………………………………………… (*witness' name*)

of ………………………………………………………………………….... (*witness' address*)

You are summoned to attend at the High Court at [ ] at………… a.m. on (dd….) day the (mm…) day of (yy……..), the day fixed for the hearing of this claim and from day to day till the end of the trial to give evidence and to bring with you and produce the following documents [*specify].*

Sum to be paid to the witness is ……………………………………………….. dollars.

DATED ………………………………………………………………… [SEAL]

This summons was issued on the application of the [claimant] [defendant] whose

legal practitioner is ……………………………………..of …………………………………

Tel………………….. Fax ………….….. e-mail ………………………..

The court office is at [ ] telephone number [ ], FAX [ ]. The office is open between [ a.m.] and [ p.m.] and from [……p.m.] to [……p.m.] except on public and bank holidays.

**\_\_\_\_\_\_\_\_\_\_.....\_\_\_\_\_\_\_\_\_\_**

# FORM 13 NOTICE TO NON-PARTY SERVED WITH ORDER

***[Rule 42.12(3)]***

**(Heading as in Form 1)**

# NOTICE

To ………………………………….[*specify name]* of *[…………………………specify address]*

A judgment or order of this court was given or made on the (dd…..)day of (mm….)(yy…….) and a copy of that judgment or order is attached to this Notice.

You are bound by the terms of the judgment or order to the same extent as you would have been had you been a party to the proceedings in which the judgment was given or order made.

However you may apply to the court within 28 days after service of this Notice to

1. set aside; or
2. vary, or
3. add to

the judgment or order.

You may do this by completing and issuing a form of application at the court office whose address is given below saying what order you want the court to make and the grounds on which you make the application.

Dated ……………………………………………………………………………. (SEAL)

This Notice was issued by………………… [Legal Practitioners for the [*Claimant/Defendant*] whose address for service is …………………………………………………………………..

Tel………………………….Fax…………………………….. E-Mail ……………………….

The court office is at [ ] telephone number [ ], FAX [ ]. The office is open between [ a.m.] and [ p.m.] and from [……p.m.] to [……p.m.] except on public and bank holidays.

\_\_\_\_\_\_\_\_\_\_.....\_\_\_\_\_\_\_\_\_\_

# FORM 14 ORDER FOR ORAL EXAMINATION

***[Rule 44.4(1)]***

**[Heading as Form 1]**

# ORDER FOR ORAL EXAMINATION

To: [CD, the examinee]

The claimant obtained a judgment/order against [you/the defendant company] in this court on [date] [and (in the case of a company) it appears you are an officer of the defendant company].

You are ordered to attend before an examiner of this court on [ ] at a.m. to be examined under oath as to your financial circumstances [in the case of a company, the financial circumstances of the defendant company] including what property or other assets you/it may have, and to produce at the examination any books or documents in your possession or power containing information about your/the defendant company's financial circumstances.

And it is further ordered that the costs of this application and of the examination be in the discretion of the examiner.

Dated ……………………………………………………………………………………. [SEAL]

This order was made on the application of …………. [Claimant/Claimant's Legal Practitioner]

**AND TAKE NOTICE that if you fail to comply with the terms of this Order, proceedings may be commenced against you for contempt of court and you may be liable to be imprisoned.**

Amount due …………………………………… $………………

Together with interest from ………… to date $………………

(Daily rate thereafter =$......... per day)

\_\_\_\_\_\_\_\_\_\_\_\_\_

**Total $……………….**

Less payments made to date……………………… $……………….

\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Amount now due $ ………………**

# IMPORTANT NOTES

1. It will not be necessary for you to attend the examination if you pay the amount now due to the claimant or the claimant's legal practitioner.

1. DO NOT bring or send payments to the court office. They will not be accepted.

1. You should allow at least 4 days for your payment to reach the claimant or the claimant's legal practitioner.

1. Keep records and ensure that you can account for all payments made. Proof may be required if there is disagreement.

1. If payment is made too late, you may be liable for further costs.

Date…………………………………………………………………………………. [SEAL]

The court office is at [ ] telephone number [ ], FAX [ ]. The office is open between [ a.m.] and [ p.m.] and from [……p.m.] to [……p.m.] except on public and bank holidays.

\_\_\_\_\_\_\_\_\_\_.....\_\_\_\_\_\_\_\_\_\_

# FORM 15 NOTICE OF ADJOURNED EXAMINATION

***[Rule 44.5(6) and (7)]***

**[Heading as Form I ]**

# NOTICE OF ADJOURNED EXAMINATION

To: [CD, the examinee]

You were ordered to attend court on the [date] at a.m. to be examined under oath before the examiner as to your financial circumstances (or as to the financial circumstances of the defendant company) and you failed to attend/refused to be sworn or affirmed/refused to answer any or some question(s).

TAKE NOTICE that your appointment for examination has been adjourned to [date] at……. a. m. before a Judge of the High Court and you are hereby ordered to attend.

Dated……………………………………………………………………………… **(SEAL)**

**AND TAKE NOTICE that if you fail to comply with the terms of this order, proceedings may be commenced against you for contempt of court and you may be liable to be imprisoned.**

|  |  |
| --- | --- |
| Amount due | $ ………………. |
| Together with interest from to date | $ ……………….. |
| (Daily rate thereafter $ per day) | $ ……………….. |
|  | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Total** | **$ ………………..** |
| Less payments made to date | $ ……………….. |
|  | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Amount now due** | **$ ………………..** |

# IMPORTANT NOTES

1. It will not be necessary for you to attend the examination if you pay the amount now due to the claimant or the claimant's legal practitioner.

1. DO NOT bring or send payments to the court office. They will not be accepted.

1. You should allow at least 4 days for your payment to reach the claimant or the claimant's legal practitioner.

1. Keep records and ensure that you can account for all payments made. Proof may be required if there is disagreement.

1. If payment is made too late, you may be liable for further costs.

Dated …………………………………………………………………………….. [SEAL]

The court office is at [ ] telephone number [ ], FAX [ ]. The office is open between [ a.m.] and [ p.m.] and from [……p.m.] to [……p.m.] except on public and bank holidays.

\_\_\_\_\_\_\_\_\_\_.....\_\_\_\_\_\_\_\_\_\_

# FORM 16 FINANCIAL POSITION NOTICE

***[Rule 44.7(1)]***

**[Heading as Form 1]**

# FINANCIAL POSITION NOTICE

To:

An application has been made to orally examine you as to your income, assets and liabilities [the income assets and liabilities of the [defendant] [claimant] company] and the means by which the judgment debt may be paid. There is served with this Notice an order giving the date time and place of the oral examination.

You are required to complete and return the attached questionnaire as to your means [the means of the company]. A copy will be sent to the judgment creditor and the judgment creditor may withdraw its application for an oral examination if satisfied with the information that you provide.

Unless you are notified by the court that your attendance is not required you must attend court on the date time and place stated in the attached order. If you fail to do so further proceedings may be taken which may result in your being imprisoned.

Dated ……………………………………………………………………………. [SEAL]

The court office is at [ ] telephone number [ ], FAX [ ]. The office is open between [ a.m.] and [ p.m.] and from [……p.m.] to [……p.m.] except on public and bank holidays.

**N.B**.

Questionnaire should be attached to this Notice.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_............\_\_\_\_\_\_\_\_\_\_\_\_

# FORM 17 WRIT OF EXECUTION AGAINST GOODS (FIERI FACIAS)

***[Rule 46.1 (a)]***

**(Heading as in Form 1)**

# REQUEST FOR ISSUE OF WRIT OF EXECUTION

To the Court

[We] [I] *[specify name]* …………………………of *[specify physical address]………*

(Tel ………………………Fax …………… E-mail ………………….. [Legal Practitioners

for the …………….. ] ………………………. in person]

apply for the issue of a Writ of Execution against the judgment debtor to recover the sum stated below.

|  |  |
| --- | --- |
| Amount of judgment ………………………… | $………………. |
| Costs ………………………………………… | $………………. |
| Interest to date ……………………………… | $.......................... |
|  | \_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Total sum due** | **$……………….** |
| Less:Paid since judgment ……………………. | $………………. |
| Balance of judgment now due ………………. | $………………. |
| Plus:fee on issue …………………………….. | $………………. |
| Legal Practitioner's costs on issue | $………………. |
|  | \_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Amount for which writ to issue** | **$……………….** |

[We] [I] certify that

1. the whole or part of any instalment due under the judgment has not been paid:
2. the balance of judgment now due is as shown above.

Dated …………………………………………………………………………………………..

Signed: ........................................................................................................................................

[Legal practitioners for the] [Claimant] [Defendant]

# WRIT OF EXECUTION

To: The Marshal

You are required to levy the sum stated above together with interest at the rate of % per annum, from the ……. day of…………2\_\_\_, until payment together with the marshal's poundage fees, cost of levying and all other legal incidental expenses and to pay the amount levied in respect of the judgment debt, fees, costs and interest to the [claimant] [defendant].

You are also required to indorse on this Writ immediately after execution a statement of the manner in which you have executed it and send a copy to the [claimant] [defendant].

Dated …………………………………………………………………………….. [SEAL]

**NOTICE TO JUDGMENT DEBTOR**

# Notice Of Levy

The Marshal has levied on your goods. This means that you must not dispose of them as the Marshal may have to take them and sell them, at a public auction.

# Payment Of The Judgment Debt

If you pay the total amount due under this Writ including the Marshal's poundage fees, costs of levying and any other legal incidental expenses, your goods will not be taken and you will not have to pay any more costs. You must pay the money to the Marshal and you will be given a receipt.

If you do not want the Marshal to remove your goods, you can ask the Marshal not to do so but you must sign the walking possession agreement below.

If your goods are removed

- you will be given a list of the goods removed

## - the goods will not be sold for at least [ ] days unless they are perishable

* you will be given [ ] days notice of the date and place of sale
* further fees may be charged and added to the debt
* these fees could include the cost of removing the goods and the fees - charged by the auctioneer.

**When The Goods Are Sold**

You will be given a written statement as to the sale and the distribution of the proceeds of sale.

# If The Sale Is Stopped

You will normally have to pay a fee and any expenses incurred in removing the goods or advertising the sale.

# WALKING POSSESSION AGREEMENT

## (request not to remove goods)

Please do not take my goods listed here *[list goods here].*

I agree that until payment is made or the Writ withdrawn, I will:

* not remove or damage the goods or allow anyone to do so
* show this form to anyone who calls and tries to take these goods
* tell you immediately if anyone tries to do so; and
* allow you to re-enter the premises at any time (and as often as you want) to see the goods or to complete the enforcement of this Writ.

Dated ...............................................................................................................................................

Signed ..............................................................................................................................................

The court office is at [ ] telephone number [ ], FAX [ ]. The office is open between [ a.m.] and [ p.m.] and from [……p.m.] to [……p.m.] except on public and bank holidays.

\_\_\_\_\_\_\_\_\_\_.....\_\_\_\_\_\_\_\_\_\_

# FORM 18 WRIT OF POSSESSION

***[Rule 46.1(b)]***

**(Heading as in Form 1)**

# REQUEST FOR ISSUE OF WRIT OF POSSESSION

To the Court

[We] [I] ………………………….*[specify name]* of …………. *[specify physical address]*. (Tel……………Fax………… E-Mail ………….)[Legal Practitioners for the ]

[in person] apply for the issue of a Writ of Possession against the judgment debtor to recover

possession of the land and property known as ………………………………………………

……………………………………………………………………………………………………

……………………………………………………………………………………………………

(specify description of property) and also to recover the sum stated below.

|  |  |
| --- | --- |
| Amount of judgment (if any) ……………………………. | $ …………… |
| Costs …………………………………………………….. | $ …………… |
| Interest …………………………………………………… | $ …………… |
| Rent/mesne profits to date ………………………………. | $……………. |
| **Total sum due** | **$…………….** |
| Less: Paid since judgment ………………………………. | $ …………… |
| Balance of judgment now due …………………………… | $ ……………. |
| Plus: Fee on issue ……………………………………… | $…………….. |
| Legal practitioner's costs on issue ……………….. | $ ……………. |
| **Amount for which writ to issue** | **$……………..** |

[We] [I] certify that

1. the claimant is entitled to possession and that the defendant has not complied with any conditions upon which the order for possession was suspended;

1. the balance of judgment and rent/mesne profits now due is as shown above.

Dated ...........................................................................................................................................

Signed: .........................................................................................................................................

[Legal Practitioners for the Claimant/Defendant]

# WRIT OF POSSESSION

To: The Marshal

You are required to take possession of the property known as ………………………………

……………………………………………………………………………………………………

……………………………………………………………. *[specify description of property]*

and to deliver the same to the claimant/defendant or the claimant's/defendant's representative and also to levy the sum stated above together with interest at the rate of % per annum from the (dd…..) day of (…….mm) (yy……) until payment together with the Marshal's poundage fees, cost of levying and all other legal incidental expenses and to pay the amount levied in respect of the judgment debt, fees, costs and interest to the [claimant] [defendant].

You are also required to indorse on this Writ immediately after execution a statement of the manner in which you have executed it and send a copy to the [claimant] [defendant].

Dated ……………………………………………………………………………. [SEAL]

**NOTICE TO JUDGMENT DEBTOR**

# Notice Of Taking Possession

You have failed to give up possession of the property described overleaf and the Marshal is authorised to enter the land to take possession of the property and deliver possession to the claimant.

# Notice Of Levy

The Marshal has levied on your goods in order to discharge the judgment for [arrears of rent] [damages] [rent] [mesne profits] and [costs]. This means that you must not dispose of them as the Marshal may have to take them and sell them, at a public auction.

# Payment Of The Money Judgment

If you are able to pay the money judgment in full, the Marshal will not need to remove your goods. You will have to pay the full amount of the judgment plus interest and the costs of issuing this Writ together with the Marshal's fees. You will be given a receipt for any money that you pay.

# If Your Goods Are Removed

* you will be given a list of the goods removed

* the goods will not be sold for at least [………] days - unless they are perishable

* you will be given [……..] days notice of the date and place of sale.

* further fees may be charged and added to the debt.

* these fees could include the cost of removing the goods and the fees charged by the auctioneer.

**When The Goods Are Sold**

You will be given a written statement as to the sale and the distribution of the proceeds of sale.

# If The Sale Is Stopped

You will normally have to pay a fee and any expenses incurred in removing the goods or advertising the sale.

The court office is at [ ] telephone number [ ], FAX [ ]. The office is open between [ a.m.] and [ p.m.] and from [……p.m.] to [……p.m.] except on public and bank holidays.

\_\_\_\_\_\_\_\_\_\_.....\_\_\_\_\_\_\_\_\_\_

# FORM 19 WRIT OF DELIVERY OR VALUE

***[Rule 46.1 (d)]***

**(Heading as in Form 1)**

# REQUEST FOR WRIT OF DELIVERY OR VALUE

To the Court

[We] [I] *………………………[specify name]*of *………………………………[.specify address]*

[Tel ………………………Fax…………. E-Mail …………..[Legal Practitioners for the

……………..] [……………….. i n person]

apply for the issue of a Writ of Delivery against the judgment debtor to recover possession of

………………………………………………………………….[*specify description of goods]*

|  |  |
| --- | --- |
| or to recover the assessed value of the goods, namely ………………..    And also to recover | $ …………….. |
| Damages ……………………………………………… | $ …………….. |
| Costs …………………………………………………. | $ ……………. |
| **Total sum due ………………………………………..** | **$ …………….** |
| Less: Paid since judgment ……………………………. | $ ……………. |
| Balance of judgment now due ………………………… | $ ……………. |
| Plus: fee on issue ……………………………………… | $ ……………. |
| Legal practitioner's costs on issue …………………….. | $ ……………. |
| **Amount for which writ to issue ………………………** | **$ …………….** |

[We] [I] certify that

1. the claimant is entitled to recover the goods which are the subject of the court's order or the value of $ ……………………………, assessed by the court.

1. the balance of judgment now due is as shown above.

Dated ...............................................................................................................................................

Signed .............................................................................................................................................

[Legal Practitioners for the Claimant/Defendant]

# Writ of Delivery or Value

To: The Marshal

You are required to cause the goods …………………. (specify description of goods)

to be delivered to the claimant/defendant, and if you are not able to do so to levy the sum of $ ……………. the assessed value.

You are also required to levy the sum of $................ as stated above together with interest at the rate of …… % per annum from the day of (dd…) (mm….(yy……) , until payment together with the Marshal's poundage fees, cost of levying and all other legal incidental expenses and to pay the amount levied in respect of the judgment debt, fees, costs and interest to the [claimant] [defendant].

You are also required to indorse on this Writ immediately after execution a statement of the manner in which you have executed it and send a copy to the [claimant] [defendant].

Dated ………….……………………………………………………. [SEAL]

**NOTICE TO JUDGMENT DEBTOR**

# Notice Of Taking Possession

You have failed to deliver up the goods described overleaf and the Marshal is authorised to take possession of the goods and deliver them to the claimant. If the Marshal is not able to take possession of the goods the Marshal is authorised to levy the sum stated above being the value of the goods as assessed by the court.

# Notice Of Levy

The Marshal has levied on your goods in order to

1. discharge the claim for the assessed value of the goods

1. discharge the judgment for [damages] and [costs].

This means that you must not dispose of them as the Marshal may have to take them and sell them at a public auction.

# Payment Of The Money Judgment

If you are able to

1. deliver the goods described overleaf; or

1. pay the assessed value of the goods; and

1. pay the money judgment in full

the Marshal will not need to remove your goods. You will have to pay the full amount plus interest and the costs of issuing this Writ together with the Marshal's fees. You will be given a receipt for any money that you pay.

# If You Do Not Want The Marshal To Remove Your Goods

You can ask the Marshal not to do so but you must sign the Walking Possession Agreement below.

# If Your Goods Are Removed

* you will be given a list of the goods removed
* the goods will not be sold for at least [……] days unless they are perishable
* you will be given [……………….] days notice of the date and place of sale
* further fees may be charged and added to the debt
* these fees could include the cost of removing the goods and the fees charged by the auctioneer.

# When The Goods Are Sold

You will be given a written statement as to the sale and the distribution of the proceeds of sale.

# If The Sale Is Stopped

You will normally have to pay a fee and any expenses incurred in removing the goods or advertising the sale.

# WALKING POSSESSION AGREEMENT

## (request not to remove goods)

Please do not take my goods listed here *[list goods here].*

I agree that until payment is made or the Writ withdrawn, I will:

* not remove or damage the goods or allow anyone to do so
* show this form to anyone who calls and tries to take these goods
* tell you immediately if anyone tries to do so; and
* allow you to re-enter the premises at any time (and as often as you want) to see - the goods or to complete the enforcement of this Writ.

Dated ....................................................................................................................................

Signed ...................................................................................................................................

The court office is at [ ] telephone number [ ], FAX [ ]. The office is open between [ a.m.] and [ p.m.] and from [……p.m.] to [……p.m.] except on public and bank holidays.

\_\_\_\_\_\_\_\_\_\_ ….. \_\_\_\_\_\_\_\_\_\_

# FORM 20 WRIT OF SPECIFIC DELIVERY

***[Rule 46.1 (d)1***

**(Heading as in Form 1)**

# REQUEST FOR WRIT OF SPECIFIC DELIVERY

To the Court

[We] [I] *[specify name(s)………………………………………………………………. o*f…………………………………………………………… *[specify physical address]*

(Tel ………….. Fax …………. E-Mail ………..[Legal Practitioners for the………..]

[……………………..in person]

apply for the issue of a Writ of Delivery against the judgment debtor to recover possession of

…………………………………………………………………………………………………

………………………………………………………………..[*specify description of goods].*

and also to recover

|  |  |
| --- | --- |
| Damages ……………………………….. | $…………………….. |
| Costs …………………………………… | $…………………….. |
| **Total sum due ……………………….** | **$……………………..** |
| Less: Paid since judgment ……………. | $................................... |
| Balance of judgment now due……….. | $................................... |
| Plus: fee on issue ………………….. | $................................... |
| Legal practitioner's costs on issue…………. | $................................... |
| **Amount for which writ to issue………..** | **$...................................** |

[We] [I ] certify that

1. the claimant is entitled to recover the goods which are the subject of the court's order and that the court has given permission for the issue of a writ of specific delivery on (date);

1. the balance of judgment now due is as shown above.

Dated: .......................................................................................................................................

Signed:…………………………………………………………………………….....................

......

[Legal Practitioners for the Claimant/Defendant]

# WRIT OF SPECIFIC DELIVERY

To: The Marshal

You are required to cause the following goods………………..*[specify description of goods].* to be delivered to the claimant, A.B.

You are also required to levy the sum of $................ as stated above together with interest at the rate of ……% per annum from the (dd…..) day of (mm…….), (yy……..), until payment together with Marshal's poundage fees, cost of levying and all other legal incidental expenses and to pay the amount levied in respect of the judgment debt, fees, costs and interest to the [claimant] [defendant].

You are also required to indorse on this Writ immediately after execution a statement of the manner in which you have executed it and send a copy to the [claimant] [defendant].

Dated ………………………………………………………………………………. [SEAL]

**NOTICE TO JUDGMENT DEBTOR**

# Notice Of Taking Possession

You have failed to deliver up the goods described overleaf and the Marshal is authorised to take possession of the goods and deliver them to the claimant.

# Notice Of Levy

The Marshal has levied on your goods in order to discharge the judgment for [damages] and [costs].

This means that you must not dispose of them as the Marshal may have to take them and sell them at a public auction.

# Payment Of The Money Judgment

If you are able to pay the money judgment in full, the Marshal will not need to remove your goods. You will have to pay the full amount plus interest and the costs of issuing this Writ together with the Marshal's fees. You will be given a receipt for any money that you pay.

If you do not want the Marshal to remove your goods (other than the goods which the court orders you to deliver up to the claimant), you can ask the Marshal not to do so but you must sign the Walking Possession Agreement below.

If your goods are removed

* you will be given a list of the goods removed

* the goods will not be sold for at least [ …………] days unless they are perishable

* you will be given [………].days notice of the date and place of sale

* further fees may be charged and added to the debt

* these fees could include the cost of removing the goods and the fees charged by the auctioneer.

# When The Goods Are Sold

You will be given a written statement as to the sale and the distribution of the proceeds of sale.

# If The Sale Is Stopped

You will normally have to pay a fee and any expenses incurred in removing the goods or advertising the sale.

# Walking Possession Agreement

(request not to remove goods)

Please do not take my goods listed here (*specify goods).*

I agree that until payment is made or the Writ withdrawn, I will:

* not remove or damage the goods or allow anyone to do so
* show this form to anyone who calls and tries to take these goods
* tell you immediately if anyone tries to do so; and
* allow you to re-enter the premises at any time (and as often as you want) to see the goods or to complete the enforcement of this Writ.

Dated ....................................................................................................................................

Signed ...................................................................................................................................

The court office is at [ ] telephone number [ ], FAX [ ]. The office is open between [ a.m.] and [ p.m.] and from [……p.m.] to [……p.m.] except on public and bank holidays.

\_\_\_\_\_\_\_\_\_\_.............\_\_\_\_\_\_\_\_\_\_

# FORM 21 JUDGMENT SUMMONS

***[Rule 52.2(1)]***

**[Heading as Form I]**

# JUDGMENT SUMMONS

To the defendant [if the summons is issued against only one or some of several defendants, name that defendant or those defendants]

On [date] the claimant obtained a judgment or order against you.

And as you have failed to pay as ordered, the claimant has requested this judgment summons be issued against you.

You are therefore summoned to appear [personally] in this court on (dd)….. (mm)….. (yy) at …… to be examined on oath as to the means you have had since the date of the judgment or order to comply with the terms of the judgment or order and also to give good reasons why you should not be committed to prison for failing to comply.

Amount for which judgment summons is to issue ……. $……………….

Court fees on summons …………………………… $………………..

Legal Practitioner's costs on summons $………………..

Together with interest from (dd).. (mm)….(yy) to date…. $……………….

(Daily rate thereafter =$................per day) ………. $……………….

**Total $……………..**

Less payments made to date ………………………….. $ …………….

**Amount now due $ ……………..**

AND TAKE NOTICE that if you fail to comply with the terms of this order, proceedings may be commenced against you for contempt of court and you may be liable to be imprisoned.

# IMPORTANT NOTES

1. It will not be necessary for you to attend the examination if you pay the amount now due to the claimant or the claimant's legal practitioner.

1. Do not bring or send payments to the court office. They will not be accepted.

1. You should allow at least 4 days for your payment to reach the claimant or the claimant's legal practitioner.

1. Keep records and ensure that you can account for all payments made. Proof may be required if there is disagreement.

1. If payment is made too late, you may be liable for further costs.

Dated ………………………………………………………

[SEAL]

The court office is at [ ] telephone number [ ], FAX [ ]. The office is open between [ a.m.] and [ p.m.] and from [……p.m.] to [……p.m.] except on public and bank holidays.

\_\_\_\_\_\_\_\_\_\_.....\_\_\_\_\_\_\_\_\_\_

# FORM 22 WRIT OF HABEAS CORPUS

***[Rule 57.3(l)]***

**(Heading as in Form 10)**

# WRIT OF HABEAS CORPUS

To: The Commissioner of Police/The Superintendent of Prisons:

You are required to produce to the HighCourt on the……..day of……… at…… a.m./p.m the body of………. by whatsoever name that person is called, said to be detained in your custody, and be prepared to state the day and cause of that person's being taken and detained so that the court may then and there examine whether such cause is legal.

TAKE NOTICE that if you fail to produce the body of ………………….before the court on the date and at the time stated above the court may commit you to prison for your contempt in not obeying the order.

Dated …………………………………………………………….

(SEAL)

Issued by ………………………………… of ……………………………………………….

## [ Legal Practitioners for the claimant]

The court office is at [ ] telephone number [ ], FAX [ ]. The office is open between [ a.m.] and [ p.m.] and from [……p.m.] to [……p.m.] except on public and bank holidays.

\_\_\_\_\_\_\_\_\_\_.....\_\_\_\_\_\_\_\_\_\_

# FORM 23 NOTICE OF APPEAL

## *[Rule 60.2 (1)]*

In The High Court of Belize A.D., *[specify year in which appeal is filed].*

**Civil Appeal No.**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| BETWEEN | **A.B**. |  |  | Appellant |

and

**C.D.** Respondent

## Notice of Appeal

TAKE NOTICE that the appellant (being the [claimant] [defendant] in the tribunal below) hereby appeals to the High Court against the decision contained in the order dated (dd) … (mm) …. (yy)…[a copy of which is attached to this Notice].

1. Details of order appealed:

1. Details of -

* 1. any finding of fact:

* 1. any finding of law:

which are challenged.

1. Grounds of Appeal:

(a)

(b)

(c)

1. Order sought:

1. Any specific power which the court is asked to exercise:

1. Details of the other parties to the proceedings in the tribunal below: *[specify name(s) and address(es) of service].*

Dated

...............................................................................................................................................

Signed…………………………………………………………………………………………

……

### [Legal Practitioners for the] Appellant(s)

Date ……………………………………………………………… [SEAL]

The court office is at [ ] telephone number [ ], FAX [ ]. The office is open between [ a.m.] and [ p.m.] and from [……p.m.] to [……p.m.] except on public and bank holidays.

Address for service of the Appellant(s) is: *[specify physical address, telephone and fax numbers, and e-mail, if applicable].*

\_\_\_\_\_\_\_\_\_\_\_\_......\_\_\_\_\_\_\_\_\_\_\_\_

# FORM 24 CERTIFICATE OF RESULT OF APPEAL

***[Rule 60.8 (6)]***

**(Heading as in Form 1)**

# CERTIFICATE OF RESULT OF APPEAL

This appeal was heard on [date (s)] before ...............................................................

in the presence of ……. ............…….for the Appellant(s) and ....... for the Respondent(s).

I HEREBY CERTIFY that an Order was made as follows: (*specify terms of Order)*

Dated …………………………………………………………………………..[SEAL]

. ......................................... .

Registrar

\_\_\_\_\_\_\_\_\_\_ ….. \_\_\_\_\_\_\_\_\_\_

# FORM 25 ADMIRALTY CLAIM IN REM

## *[Rule 69.12 (1)]*

**In The High Court of Belize, A.D**.*[specify year claim is filed].*

Claim No…………. of ……………………………………………………………..

# ADMIRALTY

BETWEEN

**A.B.** Claimant

and

**C.D**. Defendant

# CLAIM FORM IN REM

Admiralty claim in rem against

[The ship "X" or other res]

The claimant, A.B…………….. (*full names*), of ……………. (*full address*)

claims against

the defendant, C.D ……………... (*full names*), of ……………. (*full address*)

[ *Set out here briefly the nature of the claim and state any specific sum that you are claiming]*

Amount claimed $………………..

Court fees $…………………

Legal Practitioner's costs on issue $…………………

Together with interest from $………………….

(Daily rate thereafter = $ per day) $…………………..

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Total Claim $…………………..**

**NOTICE TO THE DEFENDANTS,** being the owners of and other persons interested in the ship (*specify name of theship)*of the port of *……….[specify]*  [or cargo or as may be].

If you do not complete the form of acknowledgment of service served on you with this claim form and deliver or send it to \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ within 14/28 days of service of this claim form on you, the claimant will be entitled to apply to have judgment entered against you for the amount claimed. If the res described in this claim form is then under arrest of the court it may be sold by order of the court.

The form of acknowledgment of service may be completed by you or a Legal Practitioner 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 [12] months of the date below unless you are also served with an order that extends the time for service.

Dated ……………………………………………………………………………. [SEAL]

The court office is at [ ] telephone number [ ], FAX [ ]. The office is open between [ a.m.] and [ p.m.] and from [……p.m.] to [……p.m.] except on public and bank holidays.

Dated ………………………………………………………………………………………

The claimant's address for service is [*specify]………………………………………………….*

\_\_\_\_\_\_\_\_\_\_.....\_\_\_\_\_\_\_\_\_\_

# FORM 26 ADMIRALTY CLAIM IN PERSONAM

**[Rule 69.18 (1)]**

# CLAIM FORM (ADMIRALTY ACTION IN PERSONAM)

In the High Court of Belize A.D. *[specify year in which claim is filed]*.

Claim No. \_\_\_\_\_\_\_\_\_\_\_ of \_\_\_\_\_\_\_\_\_\_\_

BETWEEN A.B. Claimant

AND

## C.D. Defendant

Admiralty claim *in personam* against ………………………………………………

…………………………..………………………………………………………………………

of the Port of …………………………………………………………………………………

………………………………………………………………………………………………..

Claimant

Defendant (s)

Brief details of claim …………………………………………………………………………

………………………………………………………………………………………………… …………………………………………………………………………………………………

Particulars of Claim *(attached) (to follow) …………………………………………………………. ………*…………………………………………………………………………………………

…………………………………………………………………………………………………

…………………………………………………………………………………………………

…………………………………………………………………………………………………

Statement of Truth

* *(I believe) (The Claimant believes)* that the facts stated in these particulars of claim are true.

* I am duly authorized by the claimant to sign this statement.

Full name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of claimant's legal practitioner \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signed \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Claimant) (Claimant's Legal Practitioner)

Position or Office held \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

## (if signing on behalf of firm or company)

• Delete as appropriate

Claimant's or claimant's legal practitioner address to which documents or payments should be sent if different from overleaf including (if *appropriate)* details of fax or email.

…………………………………………………………………………………………………..

\_\_\_\_\_\_\_\_\_\_.....\_\_\_\_\_\_\_\_\_\_

# FORM 27 PRELIMINARY ACT

## [Rule 69.21 (1)]

In the High Court of Belize, A.D. *[specify year in which claim is filed].*

Claim No. \_\_\_\_\_\_\_\_ of \_\_\_\_\_\_\_\_\_

BETWEEN A.B. Claimant

AND

C.D. Defendant

**PRELIMINARY ACT ON BEHALF OF……………………………………………….**

# PART I

1. The name of the ships which

came into collision and their Ports of Registry.

1. The length, breadth, gross tonnage, horsepower and draught at the material time of the ship and the nature and tonnage of any cargo carried by the ship.

1. The date and time *(including the time zone)* of the collision.

1. The place of the collision.

1. The direction and force of the wind.

1. The state of the weather.

1. The state, direction and force of the tide or other current.

1. The position, the course steered and speed through the water of the ship when the other ship was first seen or immediately before any measures were taken with reference to her presence, whichever was the earlier.

1. The lights or shapes *(if any)* carried by the ship.

1. (a) The distance and bearing of the other ship if and when her echo was first observed by radar (b) The distance, bearing and approximate heading of the other ship when first seen.

1. What light or shape or combination of lights or shapes (if *any)* of the other ship were visible when it was first seen.

1. What other lights or shapes or combinations of lights or shapes *(if any)* of the other ship were subsequently seen before the collision, and when.

1. What alterations (if *any)* were made to the course and speed of the ship after the earlier of the two times referred to in paragraph 8 up to the time of collision, and when, and what measures (if *any)* other than alterations of course or speed, were taken to avoid the collision, and when.

1. The heading of the ship, the

parts of each ship which first came into contact and the approximate angle between the two ships at the moment of contact.

1. What sound signals *(if any)* were given, and when.

1. What sound signals *(if any)* were heard from the other ship, and when.

# PART 2

**State:**

1. that the information in Part 1 is incorporated in Part 2;
2. any other facts and matters which the party filing this Preliminary Act relies;
3. all allegations of negligence or other fault on which the party filing this Preliminary Act relies;
4. the relief or remedy which the party filing this Preliminary Act claims.

# STATEMENT OF TRUTH

* *(I believe) (The claimant believes) (The defendant believes)* that the facts stated in this Preliminary Act are true
* I am duly authorized by the *(claimant) (defendant)* to sign this statement.

Full name………………………………………………………………………………………

Name of claimant's/defendant's legal practitioner's firm………………………………………

* *(Claimant) (Defendant) (if signing on behalf of firm or company).*

* delete as appropriate

\_\_\_\_\_\_\_\_\_\_.....\_\_\_\_\_\_\_\_\_\_

# FORM 28 APPLICATION AND UNDERTAKING FOR ARREST AND CUSTODY OF PROPERTY BY ADMIRALTY COURT

## [Rule 69.22 (1)]

In the High Court of Belize, A.D. [*specify year in which application is filed].*

Claim No. \_\_\_\_\_\_\_\_\_\_ of \_\_\_\_\_\_\_\_\_\_.

BETWEEN A.B. Claimant

AND

C.D. Defendant

# Application and undertaking for arrest and custody

**Admiralty action *in rem* against:**

The Marshal is requested to execute the Warrant in the above action lodged herewith by the arrest of *(give* *details of ship)*…………………………………………………

………………………………………………………………………………………………….

Lying/expected to arrive at *(give details)*………………………………………………………

I (we) undertake personally to pay on demand the fees of the Marshal and all costs incurred, or to be incurred by him or on his behalf in respect of

1. the arrest, or endeavours to arrest, the property; and 2. the care and custody of it while under arrest; and 3. the release, or endeavours to release it.

Date…………………………………………………………………………………………….

Signed…………………………………………………………………………………………..

## [To be signed by the Legal Practitioner]

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Office use only:**

I confirm that at: on: no Caveats have been filed or entered against the arrest of the above property.

Signed………………………………………. ……………………………………………….

(Marshal)

**\_\_\_\_\_\_\_\_\_\_.....\_\_\_\_\_\_\_\_\_\_**

# FORM 29 DECLARATION TO ISSUE WARRANT OF ARREST

## [Rule 69.22 (1) ]

In the High Court of Belize, A.D. *[specify year in which declaration is filed]*.

Claim No. \_\_\_\_\_\_\_\_\_\_ of \_\_\_\_\_\_\_\_\_\_.

BETWEEN A.B. Claimant

AND

C.D. Defendant

## Outline form of Declaration (Affidavit) in support of application for Warrant of Arrest

The Claimant's claim is *(state nature of claim)* Iam informed by *(name and occupation of informant)* and verily believe that the Claimant’s claim has not been satisfied.

The property to be arrested is the ship *(name)* of the port of *(port of registry).*

The amount of security for the claim sought by the Claimant is *(state amount if known).*

The relevant notice *(if required) (exhibit no.* *)* has been sent to the consular office of *(name of Country or State).*

\*Add where relevant

The ship *(name of ship to be arrested)* is the ships *(or is one of the ships)* against which the action is brought and is *(or is not)* the ship in connection with which the claim in the action arose.

In my belief the person who would be liable on the claim in an action *in personam ("the relevant person")* is *(name and address).*

The grounds of my belief are *(state them).*

In my belief *(name of relevant person)* was when the cause of action arose the owner *[or the charterer or in possession or control] (as the case may be)* of the ship *(name of the ship in connection with which the claim arose).* The grounds of my said belief are *(state them).*

In my belief *(name of relevant person)* was on the *( date claim form was issued)* the beneficial owner of all the shares in the ship (*name of ship in connection with which the claim arose and is the ship to be arrested)* or was the charterer of it under a charter by demise. The grounds of my said belief are *(state them).*

(**OR**, if the ship to be arrested is not the one in connection with which the claim arose).

In my belief *(name of relevant person)* was on the *(specify date claim form was issued)* the beneficial owner as respects all the shares in the ship *(name of ship to be arrested).* The grounds of my said belief are *(state them).*

\_\_\_\_\_\_\_\_\_\_..........\_\_\_\_\_\_\_\_\_\_

# FORM 30 NOTICE TO CONSULAR OFFICER OF INTENTION TO APPLY FOR WARRANT OF ARREST

## [Rule 69.22 (8)]

In the High Court of Belize, A.D. *[specify year in which notice is filed].*

Claim No. \_\_\_\_\_\_\_\_\_\_ of \_\_\_\_\_\_\_\_\_\_.

BETWEEN A.B. Claimant

AND

C.D. Defendant

**Notice to Consular Officer of Intention to Apply for Warrant of Arrest**

To the Consular Officer of *(name of Country or State)*

The ship *(give name)* of the Port of *(give details)*

TAKE NOTICE that as Legal Practitioners for *(name or description of party seeking*

*arrest)* we did on the (dd)………………………of (mm)…………., (yy) …………..

*(or we intend to)* institute proceedings in the High Court of Belize against the above- mentioned ship in respect of a claim *(or counterclaim)* by *(name and description of party seeking arrest)* for *(state nature of claim or counterclaim)* and that we intend to apply to the High Court to arrest the ship.

Date………………………………………………………………………………………..

Signed………………………………………………. ……………………………………

Legal Practitioners for *(state name of party).*

\_\_\_\_\_\_\_\_\_\_.....\_\_\_\_\_\_\_\_\_\_

# FORM 31 REQUEST FOR CAVEAT AGAINST ARREST

## [Rule 69.23 (1)]

In the High Court of Belize, A.D. *[specify year in which request is filed].*

Claim No. \_\_\_\_\_\_\_\_\_\_ of \_\_\_\_\_\_\_\_\_\_.

BETWEEN A.B. Claimant

AND

C.D. Defendant

# Request for Caveat against Arrest

## [Description of property giving name, if a ship]

I/We *(specify name)………………………….*of *(specify address)………………………………* [Legal Practitioners for…………………….. of …………………………………………. ]

request a caveat against the arrest of *(description of property giving name, if a ship)* and undertake to acknowledge issue of service of the claim form in any action that may be begun in the High Court of Belize against the *(give name)* and, within three (3) days after receiving notice that an action has been begun, to give security in the action in the sum not exceeding *(enter amount)* or to pay that sum into court. I/We consent that the claim form and any other documents in the action may be left for me/us at *(enter address).*

Date……………………………………………………………………………….…………..

Signed…………………………………………………………………………………………

[Legal Practitioners for ………………………].

\_\_\_\_\_\_\_\_\_\_.....\_\_\_\_\_\_\_\_\_\_

# FORM 32 WARRANT OF ARREST

## [Rule 69.24 (2) ]

In the High Court of Belize, A.D. (*specify year in which warrant is issued).*

Claim No. \_\_\_\_\_\_\_\_\_\_ of \_\_\_\_\_\_\_\_\_\_.

BETWEEN A.B. Claimant

AND

C.D. Defendant

# Warrant of Arrest

Admiralty action *in rem* against:

Claimant(s)

Defendant(s)

To the Marshal of the High Court of Belize, and to all singular his substitutes, Greetings!

We hereby command you to arrest the ship *(specify name of ship) ……………………………….* Of the port of ……………………….. and to keep same under arrest until you should receive further orders from us.

WITNESS ………………………. the Hon. Chief Justice………………………………… The *(dd)*………. day of (mm)………………, (yy)……………………….

The Claimant's claim is for [*copy from Claim Form*].

Taken out by……………………………………………………………………………………

Legal Practitioners for the …………………………………………………………………….. \_\_\_\_\_\_\_\_\_\_.....\_\_\_\_\_\_\_\_\_\_

# FORM 33 STANDARD DIRECTIONS BY ADMIRALTY REGISTRAR

## [Rule 69.24 (4)]

In the High Court of Belize, A.D. *(specify year in which directions are issued)*.

Claim No. \_\_\_\_\_\_\_\_\_\_ of \_\_\_\_\_\_\_\_\_\_.

BETWEEN A.B. Claimant

AND

C.D. Defendant

# Standard Directions to the Admiralty Marshal

Admiralty action *in* *rem* against:

**IT IS ORDERED** that the Admiralty Marshal be at liberty at any time:

1. to take measures to preserve the ship *(give details)* its machinery and equipment;

1. to move the ship up to 5 miles within the limits of the port where it is lying under arrest, either for its safety or to comply with the requirements of the Port Authority;

1. to supply the minimum victuals, domestic fuel and water necessary to avoid hardship to the crew.

Date………………………………………………….………………………………………….

.

Signed ………………………………………………………………………………………..

[The Admiralty Registrar]

\_\_\_\_\_\_\_\_\_\_.....\_\_\_\_\_\_\_\_\_\_

# FORM 34 NOTICE REQUESTING CAVEAT AGAINST RELEASE

## [Rule 69.24 (6) ]

In the High Court of Belize, A.D. *(specify year in which request is filed)*.

Claim No. \_\_\_\_\_\_\_\_\_\_ of \_\_\_\_\_\_\_\_\_\_.

BETWEEN A.B. Claimant

AND

C.D. Defendant

# Request for Caveat against Release

*[Description of property giving name, if a ship]*

I/We ………. Of ……………………………………………………………………….

[Legal Practitioners for ………….of ……………………………………………………]

request the entry of a caveat against the release of the above-named property or it’s proceeds of sale paid into court by the Admiralty Marshal.

The intending caveator claims to have a right of action *in rem* against the above-mentioned property or proceeds of sale for *(state nature of claim in rem and the approximate amount claimed, if known).*

Date…………………………………………………………………………………………..

Signed………………………………………………………………………………………..

[Legal Practitioner for ……………………..].

\_\_\_\_\_\_\_\_\_\_.....\_\_\_\_\_\_\_\_\_\_

# FORM 35 REQUEST FOR RELEASE (ARRESTING PARTY AND CAVEATORS)

## [Rule 69.25 (1) ]

In the High Court of Belize, A.D. *(specify year in which application is filed)*.

Claim No. \_\_\_\_\_\_\_\_\_\_ of \_\_\_\_\_\_\_\_\_\_.

BETWEEN A.B. Claimant

AND

C.D. Defendant

# Application and Undertaking for Release

Admiralty action *in rem against …………………………………………………………….*

*……………*:……………………………………………………………………………….

……………………………………………………………………………………………

The Admiralty Marshall is requested to release in the above action the *(give details)* lying *(give details)*

I (We) personally undertake to pay the fees of the Marshall and all expenses incurred, or to be incurred, by him or on his behalf in respect of:

1. the arrest of, or endeavours to arrest, the property; and 2. the care and custody of it while under arrest; and

3. it’s release, or endeavours to release it.

Date…………………………………………………………………………..……………..

Signed……………………………………………………………………………………….

To be signed by the Legal Practitioner of *(state name of party)*

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Office use only:**

I confirm that at: ……………..on: ……………………….. no Caveats have been filed or entered against release of the above property.

Signed…………………………………….……………………………………………………

**\_\_\_\_\_\_\_\_\_\_.....\_\_\_\_\_\_\_\_\_\_**

# FORM 36 APPLICATION FOR DEFAULT JUDGMENT (ADMIRALTY)

## [Rule 69.26 (1) ]

In the High Court of Belize, A.D. *(specify year in which application is made)*.

Claim No. \_\_\_\_\_\_\_\_\_\_ of \_\_\_\_\_\_\_\_\_\_.

BETWEEN A.B. Claimant

AND

C.D. Defendant

# Application for Judgment in Default of Filing an Acknowledgement of Service and/or Defence or Preliminary Act

**Admiralty action *in rem* against: ………………………………………………………**

**…………………………………………………………………………………………………**

**…………………………………………………………………………………………………**

TAKE NOTICE that the claimant(s) will make an application on the \_\_\_\_\_\_\_\_\_\_ day of \_\_\_\_\_\_\_\_\_\_ at \_\_\_\_\_\_\_\_\_\_ am/pm, by Counsel for an order that:

1. Judgment in default of filing an acknowledgment of service *(and/or defence) (or*

*Preliminary Act)* be given for the claimant(s) in the sum of \_\_\_\_\_\_\_\_\_\_ with \_\_\_\_\_\_\_\_\_\_ interest *(or in an amount to be assessed)* and for their costs of this claim including the costs of this application to be *(summarily)* assessed if not agreed.

1. (if *applicable)* The vessel *(give name)* be appraised and sold by the Admiralty Marshall.

Date…………………………………………………………………………………………….

To: The Defendant(s) and/or Caveators or as the case may be.

\_\_\_\_\_\_\_\_\_\_.....\_\_\_\_\_\_\_\_\_\_

# FORM 37 ORDER FOR SALE OF A SHIP

## [Rule 69.27 (3) ]

In the High Court of Belize, A.D. *(specify year in which action is filed)*.

Claim No. \_\_\_\_\_\_\_\_\_\_ of \_\_\_\_\_\_\_\_\_\_.

BETWEEN A.B. Claimant

AND

C.D. Defendant

# Order for sale of a ship

Admiralty action *in rem* against …………………………………………………………….

………………………………………………………………………………………………… ………………………………………………………………………………………………….

BEFORE:

UPON HEARING

And upon reading the written evidence of *(give details)*

(and no acknowledgment of service and/or defence or preliminary act having been filed on behalf of the defendant(s)).

IT IS ORDERED that:

1. The ship *(give details)* be appraised and sold by the Admiralty Marshall (before Judgment (if *applicable)).*

1. The Admiralty Marshall choose one or more experienced persons to appraise the vessel and certify its true value in writing.

1. The Admiralty Marshall sell the vessel on his conditions of sale for the highest price that can be obtained for it, but not for less than the certified value without an order of court.

1. The Admiralty Marshall pay the proceeds of sale of the vessel into court.

1. On completion of the sale the Admiralty Marshall countersign and file the certificate of value together with an account of his fees and expenses.

1. The Legal Practitioners on behalf of the claimant (*or as may be*) within *(give details)* give to the Admiralty Marshall a personal undertaking to pay on demand the fees and expenses of the Marshall incurred by him or on his behalf in respect of the appraisement and sale of the property, or of endeavours to appraise or to sell the property.

## [OR BE SOLD IN SUCH OTHER WAY AS THE COURT MAY ORDER]

Date………………………………………………..……………………………………………

..

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

[Admiralty Judge ]

\_\_\_\_\_\_\_\_\_\_.....\_\_\_\_\_\_\_\_\_\_

# FORM 38 LIMITATION CLAIM FORM

## [Rule 69.28 (3) ]

In the High Court of Belize, A.D. *(specify year in which directions are issued)*.

Claim No. \_\_\_\_\_\_\_\_\_\_ of \_\_\_\_\_\_\_\_\_\_.

BETWEEN A.B. Claimant

AND

C.D. Defendant

# Claim Form (Admiralty Limitation Claim)

Claimant(s) ………………………………………………………………………………

SEAL

Defendant(s) …………………………………………………………………………….

Details of limitation claim *(see also overleaf) …………………………………………………*

…………………………………………………………………………………………………

…………………………………………………………………………………………………

Named defendant(s) name and address…………………………………………………………

………………………………………………………………………………………………… ………………………………………………………………………………………………….

Claim No. ………………………

Details of limitation claim (continued)…………………………………………………………

…………………………………………………………………………………………………

…………………………………………………………………………………………………

…………………………………………………………………………………………………

…………………………………………………………………………………………………

…………………………………………………………………………………………………

# Statement of Truth

*\*(I believe) (The Claimant believes)* that the facts stated in these particulars of claim are true.

\* I am duly authorized by the claimant to sign this statement.

Full name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of claimant's Legal Practitioner

Signed \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ position or office held \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ *\*(Claimant) (Claimant's Legal Practitioner) (if signing on behalf of firm or company).*

\*delete as appropriate

Claimant’s or claimant’s Legal Practitioner's address to which documents or payments should be sent if different from overleaf including (if *appropriate)* details of fax or e-mail.

…………………………………………………………………………………………………

………………………………………………………………………………………………… \_\_\_\_\_\_\_\_\_\_.....\_\_\_\_\_\_\_\_\_\_

# FORM 39 DEFENCE TO LIMITATION CLAIM FORM

## [Rule 69.28 (7) ]

In the High Court of Belize, A.D. *(specify year in which action is filed)*.

Claim No. \_\_\_\_\_\_\_\_\_\_ of \_\_\_\_\_\_\_\_\_\_.

BETWEEN A.B. Claimant

AND

C.D. Defendant

# Defence to Admiralty Limitation Claim

You have a limited number of days to file and serve this form. See notes for guidance attached to the claim form.

Defence *(State defence).*

Signed …………………………… Position or ……………………. office held ……………………. *(if signing on …………………… behalf of firm or ………………. company)………………………..*

Date …………………………………………………………………………………………….

Give an address to …………………………………………………………………………….. which notices about……………………………………………………………………………. this case can be sent …………………………………………………………………………… to you …………………………………………………………………………………………..

\_\_\_\_\_\_\_\_\_\_.....\_\_\_\_\_\_\_\_\_\_

# FORM 40 NOTICE OF ADMISSION OF RIGHT OF CLAIMANT TO LIMIT LIABILITY

## [Rule 69.28 (7) ]

In the High Court of Belize, A.D. *(specify year in which action is filed)*.

Claim No. \_\_\_\_\_\_\_\_\_ of \_\_\_\_\_\_\_\_\_\_.

BETWEEN A.B. Claimant

AND

C.D. Defendant

# Notice of Admission of Right of Claimant to Limit Liability

**TAKE NOTICE THAT** pursuant to *(state name of claim)* Admiralty Proceedings, the following defendant(s) *(name them)*  ………………………………………………………..

…………………………………………………………………………………………………

…………………………………………………………………………………………………

…………………………………………………………………………………………………

…………………………………………………………………………………………………

…………………………………………………………………………………………………

……………………………………………………………………………………………… admit the right of the claimant in this action to limit their liability in accordance with the provisions of *(give details)* ………………………………………………………………..

…………………………………………………………………………………………………

…………………………………………………………………………………………………

…………………………………………………………………………………………………

…………………………………………………………………………………………………

Signed…………………………………………………..……………………………………..

Date……………………………………………………………………………………………

\_\_\_\_\_\_\_\_\_\_.....\_\_\_\_\_\_\_\_\_\_

**FORM 41 ACKNOWLEDGMENT OF SERVICE TO LIMITATION CLAIM FORM**

# [Rule 69.28 (7) ]

In the High Court of Belize, A.D. *(specify year in which action is filed)*.

Claim No.\_\_\_\_\_\_\_\_\_\_ of \_\_\_\_\_\_\_\_\_\_.

|  |  |
| --- | --- |
| BETWEEN A.B.    AND | Claimant |
| C.D.        **Complete** | Defendant |
| If you wish to dispute the court's …………………. | the acknowledgement of |
| jurisdiction or argue that the court  should not exercise its jurisdiction | service |
| If you admit the right of the ………………………. claimant to limit liability | the admission form |

If you do nothing, the claimant …………………… the defence form may apply for a restricted

limitation decree against you

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Acknowledgment of Service

(Admiralty limitation claim)

Defendant's full name if different from the name given on the claim form

…………………………………………………………………………………………………

…………………………………………………………………………………………………

Address to which documents about this claim should be sent *(including reference if*

*appropriate)* ………………………………………………………………………………….

Tick the appropriate box You should file an application at the

Court within 14 days of service of this acknowledgment of service or you will be treated as having accepted the court's jurisdiction.

1. I intend to dispute jurisdiction

1. I intend to argue that the court should not exercise its

jurisdiction

|  |
| --- |
| (dd) (mm) (yy) |

|  |
| --- |
|  |

Signed Position or office held

(if signing on behalf of firm Date or company).

\_\_\_\_\_\_\_\_\_\_.....\_\_\_\_\_\_\_\_\_\_

# FORM 42 APPLICATION FOR A RESTRICTED LIMITATION DECREE

## [Rule 69.28 (9) ]

In the High Court of Belize, A.D. *(specify year in which action is filed)*.

Claim No. \_\_\_\_\_\_\_\_\_\_ of \_\_\_\_\_\_\_\_\_\_.

BETWEEN A.B. Claimant

AND

C.D. Defendant

# Application for Restricted Decree of Limitation

**TAKE NOTICE** that the claimants will apply to the Admiralty Registrar on the\_\_\_\_\_\_\_day of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ at am/pm for:

1. Leave (if necessary) to amend the claim form in this action so that the defendants are only those named defendants that have admitted the claimant's right to limit liability.

1. A Decree of Limitation restricted to their liabilities against the above-named defendants described in paragraph (1) above.

1. An Order that the fund in court be paid out and distributed as follows (give details).

1. The costs of this application be ……………………………………………

Date…………………………………………………………………………………………

TO: The Defendants as above.

\_\_\_\_\_\_\_\_\_\_.....\_\_\_\_\_\_\_\_\_\_

# FORM 43 RESTRICTED DECREE OF LIMITATION

## [Rule 69.28]

In the High Court of Belize, A.D. *(specify year in which action is filed)*.

Claim No. \_\_\_\_\_\_\_\_\_\_ of \_\_\_\_\_\_\_\_\_\_.

|  |  |  |
| --- | --- | --- |
| BETWEEN |  | A.B. Claimant  AND  C.D. Defendant    **Restricted Decree of Limitation** |

**BEFORE:**

**UPON CONSENT** of the claimants and the above-named defendants.

AND UPON reading the written evidence of ………………………………………..

………………………………………………………………………………………..

IT IS ORDERED BY DECREE that

1. the claimants are not answerable in damages in respect of claims by the above-named defendants or persons claiming through or under them, beyond the amount of Special Drawing Rights, in respect of the loss, damage and delay caused to any property or to the infringement of any rights through the claimants' act or omission or through the act or omission of any person on board the vessel *(give name)* in the navigation or management of the *(give* *name)* when the *(give name)* collided with the *(give name)* in the *(give name)* on the *(give date).*

1. the limitation tonnage of the *(give name) is (enter figure)* tones, that the amount of the Limitation Fund is Special Drawing Rights and that the liability of the claimants to the above named defendants is $ (enter *amount)* together with simple interest thereon from the *(enter date of collision)* to this day and no more *(or as may be agreed between the parties to the action).*

1. the claimants having constituted a limitation fund by payments into court of the said amount on *(enter date of payment into court)* all further proceedings against them by the above-named defendants arising out of this occurrence be stayed.

1. the fund in court including all accrued interest to the date of payment out be paid out

and distributed as follows: *(give details) ……………………………………………………*

…………………………………………………………………………………………..

1. the costs of this application be………………………………………………………….

………………………………………………………………………………………… …………………………………………………………………………………………….

Date…………………………………………………………………………………………….

\_\_\_\_\_\_\_\_\_\_\_\_\_ (Registrar)

\_\_\_\_\_\_\_\_\_\_.....\_\_\_\_\_\_\_\_\_\_

# FORM 44 NOTICE OF APPEAL AGAINST REGISTRAR’S DECISIONS ON REFERENCE

## [Rule 69.30 (4) ]

In the High Court of Belize, A.D. *(specify year in which action is filed)*.

Claim No. \_\_\_\_\_\_\_\_\_\_ of \_\_\_\_\_\_\_\_\_\_.

BETWEEN A.B. Claimant

AND

C.D. Defendant

# Notice of Appeal against Registrar’s Decision on a Reference

Admiralty action *in rem* against ………………………………………………………………. …………………………………………………………………………………………………

…………………………………………………………………………………………………

…………………………………………………………………………………………………

**TAKE NOTICE** that the claimants *(or defendants)* willmake an application on the \_\_\_\_\_\_\_\_\_\_ day of \_\_\_\_\_\_\_\_\_\_\_ at \_\_\_\_\_\_\_\_\_\_ am/pm, *(by Counsel)* that:

1. the decision of the Admiralty Registrar dated *(give date)* upon the claimant(s) (or defendant(s) claim in the reference be [*set aside or varied by (specify the variation sought)]* (or as the case may be).

1. the costs of this application be (*specify*) ……………………………………..

…………………………………………………………………………………

Date…………………………………………………………………………………………….

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

[Legal Practitioner ]

## \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_..........\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. ADR means alternative dispute resolution. [↑](#footnote-ref-1)