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Form 4A: General Heading

IN THE HIGH COURT OF THE SUPREME COURT OF JUDICATURE OF GUYANA (specify jurisdiction, if applicable, as per Information for Court Use form)

(specify type of proceeding, if applicable, as per Information for Court Use form)

(Court file no.)

BETWEEN:

(name)

Claimant(s) (or as may be)

and

(name)

Defendant(s) (or as may be)

(add parties, where applicable)

Form 4B: Back Sheet

(General Heading)

(TITLE OF DOCUMENT)

(if affidavit, indicate name of deponent and date sworn)

(Name, address, telephone number and fax number or email of Attorney-at-Law or party)

Form 4C: Information for Court Use (required when issuing an Originating Process)

(General Heading)

INFORMATION FOR COURT USE

- 1. This proceeding is commenced as a:
 - [] Statement of Claim
 - [] Fixed Date Application
- 2. This proceeding falls under the High Court's:
 - [] Appellate Jurisdiction
 - [] Admiralty Jurisdiction
 - [] Commercial Jurisdiction
 - [] Criminal Jurisdiction
 - [] Family Jurisdiction
 - [] Regular Jurisdiction

(must check <u>one</u> of these boxes and, except where proceeding is under the regular jurisdiction of the Court, must specify the applicable jurisdiction in the General Heading (Form 4A))

- 3. The proceeding is a(n):
 - [] Admiralty Proceeding in personam
 - [] Admiralty Proceeding in rem
 - [] Probate Proceeding
 - [] Proceeding for Judicial Review
 - [] Proceeding for relief under the Constitution
 - [] Proceeding for other Administrative Order
 - [] Proceeding for Administration
 - [] Proceeding commenced under (name of Act)
 - [] Other Proceeding

(must check <u>one</u> of these boxes and, except where the proceeding relates to the last option, specify so on the General Heading (Form 4A))

4. I certify that the above information is correct, to the best of my knowledge.

Date:

Signature of Attorney-at-Law (if no Attorney-at-Law, party must sign)

Form 5A: Order

(General Heading)

(Court seal)

BEFORE (Name of judge or judges) (Day and date order made)

(Names of all Attorneys-at-Law and, if no Attorney-at-Law, parties that were present if order made at a hearing)

ORDER

THIS APPLICATION, made by (identify applicant party, or if on Court's own initiative) for (state the relief sought in the notice of application, except to the extent that it appears in the operative part of the order), (where applicable, add made without notice,) was heard this day (or heard on (date)), at (place), (recite any particulars necessary to understand the order).

ON READING the (give particulars of the material filed on the application, if any) and on hearing the submissions of the Attorney(s)-at-Law for (identify parties), (where applicable, add (identify party) appearing in person or no one appearing for (identify party), although properly served as appears from (indicate proof of service)),

1. THIS COURT ORDERS that...

2. THIS COURT ORDERS that...

(In an order for the payment of money on which interest is payable, add:)

THIS ORDER BEARS INTEREST at the rate of ... per cent per year commencing on (date).

(Signature of judge or, where permitted, registrar)

IF YOU FAIL TO COMPLY WITH THE TERMS OF THIS ORDER, YOU WILL BE IN CONTEMPT OF COURT AND MAY BE LIABLE IMPRISONMENT OR TO HAVE YOUR ASSETS CONFISCATED.

Form 5B: Judgment

(General Heading)

(Court seal)

BEFORE (Name of judge or judges) (Day and date order made)

(Names of all Attorneys-at-Law and, if no Attorney-at-Law, parties that were present if order made at a hearing)

JUDGMENT

(Judgment after trial or hearing of fixed date application)

THIS ACTION (or APPLICATION) was heard this day (or heard on (date)) without (or with) a jury at (place) in the presence of the Attorneys-at-Law for all parties (where applicable, add (identify party) appearing in person, or no one appearing for (identify party) although properly served as appears from (indicate proof of service)),

(Action) ON READING THE STATEMENTS OF CASE AND HEARING THE EVIDENCE and the submissions of the Attorneys-at-Law for the parties,

(where default judgment on an Action) ON READING the statement of claim in this proceeding and the proof of service of the statement of claim on the defendant, filed,

(Fixed Date Application) ON READING THE NOTICE OF APPLICATION AND THE EVIDENCE FILED BY THE PARTIES, *(where applicable, add* on hearing the oral evidence presented by the parties,) and on hearing the submissions of the Attorney-at-Laws for the parties,

THIS APPLICATION, made by (identify moving party), for (state the relief sought in the application, except to the extent that it appears in the operative part of the judgment), (where applicable, add made without notice,) was heard this day (or heard on (date)), at (place), (recite any particulars necessary to understand the judgment),

ON READING THE (give particulars of the material filed on the application) and on hearing the submissions of the Attorneys-at-Law for (identify parties), (where applicable, add (identify party) appearing in person or no one appearing for (identify party), although properly served as appears from (indicate proof of service)),

1. IT IS ORDERED AND ADJUDGED (or DECLARED, if applicable) (where applicable, add: AND ADJUDGES) that...

2. IT IS ORDERED AND ADJUDGED (or as may be) that...

(In a judgment for the payment of money on which interest is payable add:)

THIS JUDGMENT BEARS INTEREST at the rate of ... per cent per year commencing on (date).

(Signature of judge)

IF YOU FAIL TO COMPLY WITH THE TERMS OF THIS JUDGMENT, YOU WILL BE IN CONTEMPT OF COURT AND MAY BE LIABLE IMPRISONMENT OR TO HAVE YOUR ASSETS CONFISCATED.

Form 7A: Notice Requiring Party to Service

(General Heading)

NOTICE REQUIRING PARTY TO SERVE

TAKE NOTICE THAT the Court has not been able to effect service of your originating process on (name of party upon whom service could not be effected).

YOU ARE THEREFORE REQUIRED to make your own arrangements to serve (*name of document*) dated (*date*) on (*name of party upon whom service could not be effected*).

Date:

Signature of Registry

Form 7B: Affidavit of Service

(General Heading)

AFFIDAVIT OF SERVICE

I, (full name), of the (City, Town, etc.) of, in the (County, District, Region, etc.) of, MAKE OATH AND SAY (or AFFIRM):

(Personal service)

- 1. On (date), at (time), I served (identify person served) with the (identify documents served) by leaving a copy with him (or her) at (address where service was made). (Where the rules provide for personal service on a corporation, etc. by leaving a copy of the document with another person, substitute: by leaving a copy with (identify person by name and title) at (address where service was made).)
- 2. I was able to identify the person by means of (state the means by which the person's identity was ascertained, and where identified by photograph, attach affidavit by a deponent who is able to verify the description or photograph as being of the person intended to be served and stating how the deponent was able to verify the description or photograph as being of the person intended to be served.)

(Service by leaving a copy with an adult person in the same household)

- 1. I served (*identify person served*) with the (*identify documents served*) by leaving a copy on (*date*), at (*time*), with a person (*insert name if known*) who appeared to be an adult member of the same household in which (*identify person served*) is residing, at (*address where service was made*), and by sending a copy by regular mail (*or* registered mail) on (*date*) to (*identify person served*) at the same address.
- 2. I ascertained that the person was an adult member of the household by means of (state how it was ascertained that the person was an adult member of the household).
- 3. Before serving the documents in this way, I made an unsuccessful attempt to serve (*identify person*) personally at the same address on (*date*). (If more than one attempt has been made, add: and again on (*date*).)

(Service by mail)

- 1. I served (*identify party served*) with the (*identify documents served*) by sending a copy by regular mail (*or* registered mail) on (*date*) to (*identify person served and their capacity, i.e. the party, the Attorney-at-Law* for the party (*identify party*), the partner of (*identify party*), etc.), at (*full mailing address*).
- 2. *(if registered mail)* Attached to this my affidavit as Exhibit "A" is a copy of the registered mail receipt.

(Service by fax)

- 1. I served (*identify party served*) with the (*identify documents served*) by sending a copy by fax to (*fax number*) on (*date*) to (*identify person served and their capacity, i.e. the party, the Attorney-at-Law for the party* (*identify party*), the partner of (*identify party*), etc.).
- 2. Attached to this my affidavit as Exhibit "A" is a copy of the transmission record.

(Service by courier)

- 1. I served (identify party served) with the (identify documents served) by sending a copy by (name of courier), a courier, to (identify person served and their capacity, i.e. the party, the Attorney-at-Law for the party (identify party), the partner of (identify party), etc.), at (full address of place for delivery).
- 2. The copy was given to the courier on (date).
- 3. Attached to this my affidavit as Exhibit "A" is a copy of the courier receipt.

(Service by e-mail)

- 1. I served (*identify party served*) with the (*identify documents served*) by sending a copy by e-mail to (*e-mail address*) on (*date*) to (*identify person served and their capacity, i.e. the party, the Attorney-at-Law for the party (identify party), the partner of (<i>identify party*), etc.).
- 2. On (*date*) I received the attached acceptance by e-mail from (*identify person served and their capacity, i.e. the party, the Attorney-at-Law for the party (identify party), the partner of (identify party), etc.*).

Sworn (*or* Affirmed) before me at the (City, Town, *etc.*) of ... in the (County, District, Region, *etc.*) of ... , on (*date*).

Commissioner for Taking Affidavits (or as may be) (print name in full)

Form 8A: Statement of Claim

(General Heading)

(Court seal)

STATEMENT OF CLAIM

TO THE DEFENDANT

A LEGAL PROCEEDING HAS BEEN COMMENCED AGAINST YOU by the claimant(s). The claim made against you is set out in the following pages.

IF YOU WISH TO DEFEND THIS PROCEEDING, you or an Attorney-at-Law acting for you must prepare a defence in Form 10A prescribed by the Civil Procedure Rules 2016, serve it on the claimant(s)'s Attorney-at-Law or, where the claimant does not have an Attorney-at-Law, serve it on the claimant(s), and file it, with proof of service at a Registry, WITHIN TWENTY EIGHT DAYS after this statement of claim is served on you.

IF YOU FAIL TO DEFEND THIS PROCEEDING, JUDGMENT MAY BE GIVEN AGAINST YOU IN YOUR ABSENCE AND WITHOUT FURTHER NOTICE TO YOU. IF YOU WISH TO DEFEND THIS PROCEEDING BUT ARE UNABLE TO PAY LEGAL FEES, LEGAL AID MAY BE AVAILABLE TO YOU BY CONTACTING A LOCAL LEGAL AID OFFICE.

THIS STATEMENT OF CLAIM has no validity if it is not served within six months of the dale below unless it is accompanied by an order extending that time.

Date:

Signature of Registry

Issued by: (name of person at Registry) Address of Registry where issued: (address of Registry)

TO (Name and address for service of each defendant)

CLAIM

1. The claimant claims: (State here the precise relief claimed.)

2. (Then set out in separate, consecutively numbered paragraphs each allegation of material fact relied on to substantiate the claim.)

(Date of issue)

(Name, address, telephone number and fax number or email of Attorney-at-Law or claimant)

Form 8B: Fixed Date Application

(General Heading)

(Court seal)

FIXED DATE APPLICATION

TO THE RESPONDENT

A LEGAL PROCEEDING HAS BEEN COMMENCED by the applicant. The claim made by the applicant is set out in the following pages.

THIS APPLICATION will come on for a hearing on (day), (date), at (time), at (address of court house).

IF YOU WISH TO OPPOSE THIS APPLICATION, to receive notice of any step in the application or to be served with any documents in the application, you or an Attorney-at-Law acting for you must forthwith prepare an Affidavit in Defence in Form 10C prescribed by the Civil Procedure Rules 2016, serve it on the applicant's Attorney-at-Law or, where the applicant does not have an Attorney-at-Law, serve it on the applicant, and file it, with proof of service, at a Registry, AT LEAST (TWO or FOUR, as applicable) DAYS before the date fixed for the hearing of the application, and you or your Attorney-at-Law must appear at the hearing.

IF YOU FAIL TO APPEAR AT THE HEARING, AN ORDER OR JUDGMENT MAY BE GIVEN IN YOUR ABSENCE AND WITHOUT FURTHER NOTICE TO YOU. IF YOU WISH TO OPPOSE THIS APPLICATION BUT ARE UNABLE TO PAY LEGAL FEES, LEGAL AID MAY BE AVAILABLE TO YOU BY CONTACTING A LOCAL LEGAL AID OFFICE.

THIS NOTICE OF APPLICATION has no validity unless it is served on you at least (seven or four, as applicable) days before the date fixed for the hearing of the application.

Date:

Signature of Registry

Issued by: (name of person at Registry) Address of Registry where issued: (address of Registry)

TO (Name and address for service of each respondent)

APPLICATION

- 1. The applicant makes application for: (*State here the precise relief claimed.*)
- 2. The grounds for the application are: (Specify the grounds to be argued, including a reference to any statutory provision or rule to be relied on.)
- 3. The following documentary evidence will be used at the hearing of the application: (*List and attach the affidavits to be relied on.*)

(Date of issue)

(Name, address, telephone number and fax number or email of Attorney-at-Law or applicant)

The Registry is located at The Law Courts, [Georgetown, Demerara, or New Amsterdam, Berbice, or Suddie Essequibo]. The office is open to the public between 8:30 a.m. and 3:30 p.m. Mondays to Thursdays and 8:30 a.m. and 2:30 p.m. on Fridays, except holidays.

Form 8C: Notice of Pending Dismissal

(General Heading)

NOTICE OF PENDING DISMISSAL

TO THE PARTIES AND THEIR ATTORNEY-AT-LAWS:

According to the records of the Registry:

- (a) the statement of claim in this proceeding has not been disposed of by final order or judgment;
- (b) no defence has been filed in this proceeding;
- (c) the claim has not been served on at least one defendant within the time required; or
- (d) there has been no Case Management Conference held in 6 months or more and there is no trial or hearing date scheduled in the proceeding.

Pursuant to Part 8 and Part 13 of the Civil Procedure Rules 2016, THIS ACTION WILL BE DISMISSED FOR DELAY unless, WITHIN 28 DAYS OF THE DATE OF THIS NOTICE,

- (a) proof of service of the Statement of Claim upon at least one Defendant is filed;
- (b) the Claimant makes an application for an order extending the time for service of the Statement of Claim; or
- (c) a party files a file a Requisition (Form 13A) for a Case Management Conference to be scheduled.

NOTE: Where a claim against a Defendant who has counterclaimed is dismissed for delay, the Defendant may, within 28 days after the dismissal, file a written notice of its election to proceed with the Counterclaim, with proof of service, failing which the Counterclaim shall be deemed to be discontinued without costs.

Date:

Signature of Registry

Signed by: (name of person at Registry) Address of Registry where signed: (address of Registry)

TO (Names and addresses of all Attorney-at-Laws and parties acting in person)

Form 8D: Affidavit

(General Heading)

AFFIDAVIT OF (name)

I, (full name of deponent), of the (name of City, Town, etc.), in the (name of County, District, Region, etc.), (where the deponent is a party or the Attorney-at-Law, officer, director, member or employee of a party, set out the deponent's capacity), MAKE OATH AND SAY (or AFFIRM):

1. (Set out the statements of fact in consecutively numbered paragraphs, with each paragraph being confined as far as possible to a particular statement of fact.)

Sworn (*or* Affirmed) before me at the (City, Town, *etc.*) of ... in the (County, District, Region, *etc.*) of ... , on (*date*).

Commissioner for Taking Affidavits (or as may be) (print name in full) Form 10A: Defence

(General Heading)

DEFENCE (or DEFENCE TO COUNTERCLAIM, DEFENCE TO CROSSCLAIM, or DEFENCE TO THIRD PARTY CLAIM, as the case may be)

- 1. The defendant (or defendant to the counterclaim, crossclaim or third party claim, as may be) admits the allegations contained in paragraphs ... of the statement of claim (or counterclaim, crossclaim or third party claim, as may be).
- 2. The defendant (or defendant to the counterclaim, crossclaim or third party claim, as may be) denies the allegations contained in paragraphs ... of the statement of claim (or counterclaim, crossclaim or third party claim, as may be).
- 3. The defendant (or defendant to the counterclaim, crossclaim or third party claim, as may be) has no knowledge in respect of the allegations contained in paragraphs ... of the statement of claim (or counterclaim, crossclaim or third party claim, as may be).
- 4. (Set out in separate, consecutively numbered paragraphs each allegation of material fact relied on by way of defence.)

(A claimant who delivers a reply in the main action must include the defence to counterclaim in the same document as the reply, and the document is to be entitled **REPLY AND DEFENCE TO COUNTERCLAIM**. The defence to counterclaim is to follow immediately after the last paragraph of the reply and the paragraphs are to be numbered in sequence commencing with the number following the number of the last paragraph of the reply.)

(Date)

(Name, address, telephone number and fax number or email of defendant's Attorney-at-Law or defendant)

TO (Name and address of claimant's Attorney-at-Law or claimant)

Form 10B: Consent

(General Heading)

CONSENT

The parties, none of whom is under disability, consent to... (where applicable, an Order in the form attached hereto as Schedule "A" to...).

(include date and signature line for each party in the proceeding)

Signed at (name of place) on (date)

(Signature of all Attorney-at-Law or party) (Name, address, telephone number and fax number or email of Attorney-at-Laws or party)

(This Consent may be executed in counterparts, each of which shall be deemed to be an original, but all of which, taken together, shall constitute one and the same agreement.)

Form 10C: Affidavit in Defence

(General Heading)

AFFIDAVIT IN DEFENCE

I, (full name of deponent), of the (name of City, Town, etc.), in the (name of County, District, Region, etc.), (where the deponent is an officer, director, member or employee of a party, set out the deponent's capacity), MAKE OATH AND SAY (or AFFIRM):

- 1. The Respondent admits the allegations contained in paragraphs ... of the Fixed Date Application.
- 2. The Respondent denies the allegations contained in paragraphs ... of the Fixed Date Application.
- 3. The Respondent has no knowledge in respect of the allegations contained in paragraphs ... of the Fixed Date Application.
- 4. (Set out in separate, consecutively numbered paragraphs each fact relied on by way of defence.)

Sworn (*or* Affirmed) before me at the (City, Town, *etc.*) of ... in the (County, District, Region, *etc.*) of ... , on (*date*).

Commissioner for Taking Affidavits

(or as may be) (print name in full) (Signature of deponent) (print name in full)

TO (Name and address of applicant's Attorney-at-Law or applicant)

Form 10D: Reply

(General Heading)

REPLY (or REPLY TO DEFENCE TO COUNTERCLAIM, REPLY TO DEFENCE TO CROSSCLAIM, or REPLY TO THIRD PARTY DEFENCE, as the case may be)

- 1. The claimant (or claimant by counterclaim, claimant by crossclaim, or third party claimant, as the case may be) admits the allegations contained in paragraphs ... of the defence (or defence to counterclaim, defence to crossclaim or third party defence).
- 2. The claimant (or claimant by counterclaim, claimant by crossclaim, or third party claimant, as the case may be) denies the allegations contained in paragraphs ... of the defence (or defence to counterclaim, defence to crossclaim or third party defence).
- 3. The claimant (or claimant by counterclaim, claimant by crossclaim, or third party claimant, as the case may be) has no knowledge in respect of the allegations contained in paragraphs ... of the defence (or defence to counterclaim, defence to crossclaim or third party defence).
- 4. (Set out in separate, consecutively numbered paragraphs each allegation of material fact relied on by way of reply to the defence.)

Form 10E: Affidavit in Reply

(General Heading)

AFFIDAVIT IN REPLY

I, (full name of deponent), of the (name of City, Town, etc.), in the (name of County, District, Region, etc.), (where the deponent is an officer, director, member or employee of a party, set out the deponent's capacity), MAKE OATH AND SAY (or AFFIRM):

- 5. The Applicant admits the allegations contained in paragraphs ... of the Affidavit in Defence.
- 6. The Applicant denies the allegations contained in paragraphs ... of the Affidavit in Defence.
- 7. The Applicant has no knowledge in respect of the allegations contained in paragraphs ... of the Affidavit in Defence.
- 8. (Set out in separate, consecutively numbered paragraphs each fact relied on by way of reply.)

Sworn (*or* Affirmed) before me at the (City, Town, *etc.*) of ... in the (County, District, Region, *etc.*) of ... , on (*date*).

Commissioner for Taking Affidavits

(or as may be) (print name in full) (Signature of deponent) (print name in full)

TO (Name and address of respondent's Attorney-at-Law or respondent)

Form 11: Notice of Application

(General Heading)

(Court seal)

NOTICE OF APPLICATION

The (*identify applicant*) will make an application to the court on (*day*), (*date*), at (*time*), or soon after that time as the motion can be heard, at (*address of court house*).

PROPOSED METHOD OF HEARING: The application is to be heard *(choose appropriate option)* □ in writing because it is *(insert one of* on consent, unopposed *or* made without notice); □ orally.

- 1. THE APPLICATION IS FOR (state here the precise relief sought)
- 2. THE GROUNDS FOR THE APPLICATION ARE (Specify the grounds to be argued, including a reference to any statutory provision or rule to be relied on.)
- 3. THE FOLLOWING DOCUMENTARY EVIDENCE will be used at the hearing of the application: (List the affidavits or other documentary evidence to be relied on.)
- 4. A DRAFT OF THE ORDER that the applicant seeks is attached.

(Date)

(Name, address, telephone number and fax number or email of moving party's Attorney-at-Law or moving party)

Date:

Signature of Registry

Issued by: (name of person at Registry) Address of Registry where issued: (address of Registry)

TO (Name and address of responding party's Attorney-at-Law or responding party)

Form 13A: Requisition

(General Heading)

REQUISITION

TO THE REGISTRY at (place)

I REQUIRE (Set out a concise statement of what is sought and include all particulars necessary for the registry to act. Where what is sought is authorized by an order, refer to the order in the requisition and attach a copy of the entered order. Where an affidavit or other document must be filed with the requisition, refer to it in the requisition and attach it.)

(Date)

(Name, address, telephone number and fax number or email of Attorney-at-Law or other person filing requisition)

Form 13B: Notice of Dismissal

(General Heading)

(Court seal)

NOTICE OF DISMISSAL

TO THE PARTIES AND THEIR ATTORNEY-AT-LAWS:

According to the records of the Registry, the statement of claim in this proceeding has not been disposed of by final order or judgment, no defence has been filed in this proceeding, the claim has not been served on at least one defendant within the time required, or there has been no Case Management Conference held in 6 months or more and there is no trial or hearing date scheduled in the proceeding. As no party has complied with the requirements of the Notice of Pending Dismissal dated (*date*),

IT IS ORDERED that pursuant this action be dismissed.

NOTE: Where a claim against a Defendant who has counterclaimed is dismissed for delay, the Defendant may, within 28 days after the dismissal, file a written notice of its election to proceed with the Counterclaim, with proof of service, failing which the Counterclaim shall be deemed to be discontinued without costs.

NOTE: An order under dismissing a proceeding may be set aside under Rule 13.02.

Date:

Signature of Registry

Issued by: (name of person at Registry) Address of Registry where issued: (address of Registry)

TO (Names and addresses of all Attorney-at-Laws and parties acting in person)

Form 16: Certificate

(General Heading)

CERTIFICATE

I, (name), certify that I am in a position to prove the amount of damages at the hearing for an assessment of damages of the within proceeding.

Date:

Signature

Form 18A: Counterclaim

(Include the counterclaim in the same document as the defence, and entitle the document DEFENCE AND COUNTERCLAIM. The counterclaim is to follow the last paragraph of the defence. Number the paragraphs in sequence commencing with the number following the number of the last paragraph of the defence.)

COUNTERCLAIM

The defendant (name if more than one defendant) claims: (State here the precise relief claimed.)

(Then set out in separate, consecutively numbered paragraphs each allegation of material fact relied on to substantiate the counterclaim.)

(Where the defendant to the counterclaim is sued in a capacity other than that in which the defendant is a party to the main action, set out the capacity.)

(Date)

(Name, address, telephone number and fax number or email of claimant's Attorney-at-Law or claimant)

TO (Name and address of Attorney-at-Law for defendant to the counterclaim or of defendant to the counterclaim)

Form 18B: Crossclaim

(Include the crossclaim in the same document as the defence, and entitle the document DEFENCE AND CROSSCLAIM. The crossclaim is to follow the last paragraph of the defence. Number the paragraphs in sequence commencing with the number following the number of the last paragraph of the defence.)

CROSSCLAIM

The defendant (name) claims against the defendant (name): (State here the precise relief claimed.)

(Then set out in separate, consecutively numbered paragraphs each allegation of material fact relied on to substantiate the crossclaim.)

(Where a defendant to the crossclaim is sued in a capacity other than that in which the defendant is a party to the main proceeding, set out the capacity.)

(Date)

(Name, address, telephone number and fax number or email of crossclaiming defendant's Attorney-at-Law or crossclaiming defendant)

TO (Name and address of defendant to crossclaim's Attorney-at-Law or defendant to crossclaim)

Form 18C: Third Party Claim

(General Heading)

(Court seal)

STATEMENT OF CLAIM

TO THE THIRD PARTY

A LEGAL PROCEEDING HAS BEEN COMMENCED AGAINST YOU by the claimant(s). The claim made against you is set out in the following pages.

IF YOU WISH TO DEFEND THIS PROCEEDING, you or an Attorney-at-Law acting for you must prepare a defence as prescribed by the Civil Procedure Rules 2016, serve it on the claimant(s)'s Attorney-at-Law or, where the claimant does not have an Attorney-at-Law, serve it on the claimant(s), and file it, with proof of service at a Registry, WITHIN TWENTY EIGHT DAYS after this statement of claim is served on you.

IF YOU FAIL TO DEFEND THIS PROCEEDING, JUDGMENT MAY BE GIVEN AGAINST YOU IN YOUR ABSENCE AND WITHOUT FURTHER NOTICE TO YOU. IF YOU WISH TO DEFEND THIS PROCEEDING BUT ARE UNABLE TO PAY LEGAL FEES, LEGAL AID MAY BE AVAILABLE TO YOU BY CONTACTING A LOCAL LEGAL AID OFFICE.

THIS STATEMENT OF CLAIM has no validity if it is not served within six months of the dale below unless it is accompanied by an order extending that time.

Date:

Signature of Registry

Issued by: (name of person at Registry) Address of Registry where issued: (address of Registry)

TO (Name and address for service of each defendant)

CLAIM

- 3. The defendant claims against the third party: (*State here the precise relief claimed.*)
- 4. (Then set out in separate, consecutively numbered paragraphs each allegation of material fact relied on to substantiate the claim.)

(Date of issue)

(Name, address, telephone number and fax number or email of Attorney-at-Law or claimant)

Form 25: Notice of Case Management Conference

(General Heading)

NOTICE OF CASE MANAGEMENT CONFERENCE

TAKE NOTICE THAT this Court will hold a mandatory case management conference in relation to this proceeding on (*date*) at (*time*) at (*address of Court*).

EACH PARTY must participate in the case management conference, unless the Court orders otherwise.

Date:

Signature of Registry

Form 26A: Mediation Report

(General Heading)

MEDIATION REPORT

I, (name of mediator), certify that:

() *(Identify party(ies))* reached an agreement.

- () (*Identify party(ies)*) have not reached an agreement.
- () (Identify party(ies)) (specify other).

Date:

Signature

Form 26B: Certificate of Non-Compliance

(General Heading)

CERTIFICATE OF NON-COMPLIANCE

I, (name), certify that this certificate of non-compliance is filed because:

- () *(Identify party(ies))* failed to provide a copy of a statement of issues to the mediator and the other parties (or to the mediator or to party(ies)).
- () *(Identify party(ies))* failed to attend within the first 30 minutes of a scheduled mediation session (or examination, as the case may be).
- () It was impossible to proceed with the mediation because (specify).
- () Other: *(specify other).*

Date:

Signature

Form 28: Affidavit of Documents

(General Heading)

AFFIDAVIT OF DOCUMENTS

I, (full name of deponent), of the (City, Town, etc.) of ..., in the (County, Regional Municipality, etc.) of ..., the claimant (or as may be) in this action, MAKE OATH AND SAY (or AFFIRM):

- 5. I have conducted a diligent search of my records and have made appropriate enquiries of others to inform myself in order to make this affidavit. This affidavit discloses, to the full extent of my knowledge, information and belief, all documents directly relevant to any matter in issue in this proceeding that are or have been in my possession, control or power.
- 6. I have listed in Schedule A those documents that are in my possession, control or power and that I do not object to producing for inspection.
- 7. I have listed in Schedule B those documents that are or were in my possession, control or power and that I object to producing because I claim they are privileged, and I have stated in Schedule B the grounds for each such claim.
- 8. I have listed in Schedule C those documents that were formerly in my possession, control or power but are no longer in my possession, control or power, and I have stated in Schedule C when and how I lost possession or control of or power over them and their present location.
- 9. I have never had in my possession, control or power any document relevant to any matter in issue in this action other than those listed in Schedules A, B and C.
- 10. I have listed in Schedule D the names and addresses of persons who might reasonably be expected to have knowledge of transactions or occurrences in issue.

Sworn (*or* Affirmed) before me at the (City, Town, *etc.*) of ... in the (County, District, Region, *etc.*) of ... , on (*date*).

.....

Commissioner for Taking Affidavits (or as may be) (print name in full) (Signature of deponent) (print name in full)

ATTORNEY-AT-LAW'S CERTIFICATE

I CERTIFY that I have explained to the deponent,

- (a) the necessity of making full disclosure of all documents directly relevant to any matter in issue in the proceeding; and
- (b) what kinds of documents are likely to be relevant to the allegations made in the pleadings.

Date:

Signature of Attorney-at-Law

Schedule A

Documents in my possession, control or power that I do not object to producing for inspection.

(Number each document consecutively. Set out the nature and date of the document and other particulars sufficient to identify it.)

Schedule B

Documents that are or were in my possession, control or power that I object to producing on the grounds of privilege.

(Number each document consecutively. Set out the nature and date of the document and other particulars sufficient to identify it. State the grounds for claiming privilege for each document.)

Schedule C

Documents that were formerly in my possession, control or power but are no longer in my possession, control or power.

(Number each document consecutively. Set out the nature and date of the document and other particulars sufficient to identify it. State when and how possession or control of or power over each document was lost, and give the present location of each document.)

Schedule D

Names and addresses of persons who might reasonably be expected to have knowledge of transactions or occurrences in issue.

Form 29A: Affidavit of Witness Statement

(General Heading)

AFFIDAVIT OF (name)

I, (full name of deponent), of the (name of City, Town, etc.), in the (name of County, District, Region, etc.), (where the deponent is a party or the Attorney-at-Law, officer, director, member or employee of a party, set out the deponent's capacity), MAKE OATH AND SAY (or AFFIRM):

1. (Set out the statements in consecutively numbered paragraphs, with each paragraph being confined as far as possible to a particular statement of fact.)

Sworn (*or* Affirmed) before me at the (City, Town, *etc.*) of ... in the (County, District, Region, *etc.*) of ... , on (*date*).

Commissioner for Taking Affidavits (or as may be) (print name in full)

Form 29B: Summons to Witness

(General Heading)

(Court seal)

SUMMONS TO WITNESS

TO (Name and address of witness)

YOU ARE REQUIRED TO ATTEND TO GIVE EVIDENCE at (the hearing of, or as otherwise applicable) this proceeding on (day), (date), at (time), at (address of court house), and to remain until your attendance is no longer required.

YOU ARE REQUIRED TO BRING WITH YOU and produce at the hearing the following documents and things: (Set out the nature and date of each document and give particulars sufficient to identify each document and thing.)

ATTENDANCE MONEY for ... day(s) of attendance is served with this summons, as follows:

| Attendance allowance of \$ daily | \$ |
|--|---------------|
| Travel allowance | \$ |
| Overnight accommodation and meal allowance | <u>\$</u> |
| TOTAL | \$ |
| | |

If further attendance is required, you will be entitled to additional attendance money.

IF YOU FAIL TO ATTEND OR TO REMAIN IN ATTENDANCE AS REQUIRED BY THIS SUMMONS, A WARRANT MAY BE ISSUED FOR YOUR ARREST.

Date:

Signature of Registry

Issued by: (name of person at Registry) Address of Registry where issued: (address of Registry)

This summons was issued at the request of, and inquiries may be directed to: (*Name, address, telephone number and fax number or email of Attorney-at-Law or party serving summons*)

Form 29C: Warrant for Arrest

(Title of proceeding)

(Court seal)

WARRANT FOR ARREST

TO ALL POLICE OFFICERS

AND TO the officers of all correctional institutions

WHEREAS it appears that (name), of (address) may be in contempt of this court,

AND WHEREAS I am of the opinion that attendance of *(name)* at the hearing of the application for a contempt order is necessary in the interest of justice and it appears that he *(or she)* is not likely to attend voluntarily,

YOU ARE ORDERED TO ARREST and bring (*name*) before the court for the hearing of the application for a contempt order, and if the court is not then sitting or if he (*or* she) cannot be brought forthwith before the court, you are ordered to deliver him (*or* her) to a correctional institution or other secure facility, to be admitted and detained there until he (*or* she) can be brought before the court.

(Signature of judge)

Form 32: Acknowledgement of Expert's Duty

(General Heading)

ACKNOWLEDGMENT OF EXPERT'S DUTY

- 1. My name is (name). I live at (city), in the (region, country, district, as applicable).
- 2. I have been engaged by or on behalf of (*name of party/parties*) to provide evidence in relation to the above-noted court proceeding.
- 3. I acknowledge that it is my duty to provide evidence in relation to this proceeding as follows:
 - (a) to provide opinion evidence that is fair, objective and non-partisan;

- (b) to provide opinion evidence that is related only to matters that are within my area of expertise; and
- (c) to provide such additional assistance as the court may reasonably require, to determine a matter in issue.
- 4. I acknowledge that the duty referred to above prevails over any obligation which I may owe to any party by whom or on whose behalf I am engaged.

Date:

Signature

NOTE: This form must be attached to any expert report and any opinion evidence provided by an expert witness.

Form 33A: Notice of Examination

(General Heading)

NOTICE OF EXAMINATION

TO (Name of person to be examined)

YOU ARE REQUIRED TO ATTEND, on (*day*), (*date*), at (*time*), at the office of (*Name, address, telephone number and fax number or email of examiner*), for (*choose one of the following*):

- [] Cross-examination on your affidavit dated (*date*)
- [] Examination for discovery
- [] Examination for discovery on behalf of or in place of (*identify party*)
- [] Examination in aid of execution
- [] Examination in aid of execution on behalf of or in place of *(identify party)*

(Date)

(Name, address, telephone number and fax number or email of examining Attorney-at-Law or party)

TO (Name and address of Attorney-at-Law or of person to be examined)

Form 33B: Notice of Written Examination

(General Heading)

NOTICE OF WRITTEN EXAMINATION

THE (*identify examining party*) has chosen to examine the (*identify person to be examined*) for discovery (*where the person is not a party, state whether the person is examined on behalf or in place of or in addition to a party or under a court order*) by written questions and requires that the following questions be answered by affidavit in Form 8D prescribed by the Civil Procedure Rules 2016, served within fifteen days after service of these questions. (*Where a further list of questions is served under rule 35.04 substitute:*)

The *(identify examining party)* requires that the *(identify person to be examined)* answer the following further questions by affidavit in Form 35B prescribed by the Rules of Civil Procedure, served within fourteen days after service of these questions.

1. (Number each question. Where the questions are a further list under rule 35.04, number the questions in sequence following the last question of the previous list.)

(Date)

(Name, address, telephone number and fax number or email of examining party's Attorney-at-Law or examining party)

TO (Name and address of Attorney-at-Law for person to be examined or of person to be examined)

Form 34A: Request to Admit Facts

(General Heading)

REQUEST TO ADMIT

YOU ARE REQUESTED TO ADMIT, for the purposes of this proceeding only, the truth of the following facts: *(Set out facts in consecutively numbered paragraphs.)*

YOU ARE REQUESTED TO ADMIT, for the purposes of this proceeding only, the authenticity of the following documents: (Number each document and give particulars sufficient to identify each. Specify whether the document is an original or a copy and, where the document is a copy of a letter, telegram or telecommunication, state the nature of the document.)

Attached to this request is a copy of each of the documents referred to above. (Where it is not practicable to attach a copy or where the party already has a copy, state which documents are not attached and give the reason for not attaching them.)

YOU MUST RESPOND TO THIS REQUEST by serving a response to request to admit in Form 34B prescribed by the Civil Procedure Rules 2016 WITHIN FOURTEEN DAYS after this request is served on you. If you fail to do so, you will be deemed to admit, for the purposes of this proceeding only, the truth of the facts and the authenticity of the documents set out above.

(Date)

(Name, address, telephone number and fax number or email of Attorney-at-Law or party serving request)

TO (Name and address of Attorney-at-Law or party on whom request is served)

Form 34B: Response to Request to Admit

(General Heading)

RESPONSE TO REQUEST TO ADMIT

In response to your request to admit dated (date), the (identify party responding to the request):

| | Admits the truth of facts numbers |
|----|---|
| 2. | Admits the authenticity of documents numbers |
| 3. | Denies the truth of facts numbers |
| 4. | Denies the authenticity of documents numbers |
| 5. | Refuses to admit the truth of facts numbers for the following reasons: (Set out reason for refusing to admit each fact.) |
| 6. | Refuses to admit the authenticity of documents numbers for the following reasons: (Set out reason for refusing to admit each document.) |

(Date)

(Name, address, telephone number and fax number or email of Attorney-at-Law or party serving response)

TO (Name and address of Attorney-at-Law or party on whom response is served)

Form 35: Offer to Settle

(General Heading)

OFFER TO SETTLE

The *(identify party)* offers to settle this proceeding *(or* the following claims in this proceeding) on the following terms: *(Set out terms in consecutively numbered paragraphs.)*

(Date)

(Name, address, telephone number and fax number or email of Attorney-at-Law or party making offer)

TO (Name and address of Attorney-at-Law or party to whom offer is made)

Form 36: Notice of Payment into Court

(General Heading)

NOTICE OF PAYMENT INTO COURT

The (*identify party*) paid into court on (*date*) the sum of \$ on (*date*).

(Date)

(Name, address, telephone number and fax number or email of Attorney-at-Law or party giving notice)

TO (Name and address of Attorney-at-Law or party receiving notice)

Form 37: Notice of Discontinuance

(General Heading)

NOTICE OF DISCONTINUANCE

The claimant wholly discontinues this proceeding. (Where applicable, add against the defendant (name).)

(Or The claimant discontinues that part of this action relating to... Where applicable, add against the defendant (name).)

(Date)

(Name, address, telephone number and fax number or email of claimant's Attorney-at-Law or claimant)

TO (Name and address of defendant's Attorney-at-Law or defendant)

NOTE: If there is a counterclaim, the defendant should consider Rule 18.02, under which the counterclaim may be deemed to be discontinued.

NOTE: If there is a crossclaim or third party claim, the defendant should consider Rule 18.03, under which the crossclaim or third party claim may be deemed to be dismissed.

Form 44A: Garnishment Order

(General Heading)

(Court seal)

NOTICE OF GARNISHMENT

TO (name and address of garnishee)

A LEGAL PROCEEDING in this court between the creditor and the debtor has resulted in an order that the debtor pay a sum of money to the creditor. The creditor claims that you owe a debt to the debtor. A debt to the debtor includes both a debt payable to the debtor and a debt payable to the debtor and one or more co-owners. The creditor has had this notice of garnishment directed to you as garnishee in order to seize any debt that you owe or will owe to the debtor. Where the debt is payable to the debtor and to one or more co-owners, you must pay one-half of the indebtedness.

YOU ARE REQUIRED TO PAY to the Marshal of the (name of county or district),

- (a) within 14 days after this notice is served on you, all debts now payable by you to the debtor; and
- (b) within 14 days after they become payable, all debts that become payable by you to the debtor within 6 years after this notice is served on you,

EACH PAYMENT MUST BE SENT with a copy of the attached garnishee's payment notice to the Marshal at the address shown below.

IF YOU DO NOT PAY THE PAYMENT WITHIN 14 DAYS after this notice is served on you, because the debt is owed to the debtor and to one or more co-owners or for any other reason, you must within that time serve on the creditor and the debtor and file with the court a garnishee's statement in form attached to this notice.

IF YOU FAIL TO OBEY THIS NOTICE, THE COURT MAY MAKE AND ENFORCE AN ORDER AGAINST YOU for payment of the amount set out above and the costs of the creditor.

IF YOU MAKE PAYMENT TO ANYONE OTHER THAN THE MARSHAL, YOU MAY BE LIABLE TO PAY AGAIN. TO THE CREDITOR, THE DEBTOR AND THE GARNISHEE.

Any party may make a motion to the court to determine any matter in relation to this notice of garnishment.

Date:

Signature of Registry

Issued by: (name of person at Registry) Address of Registry where issued: (address of Registry)

| Creditor's address | Debtor's address | Sheriff's address |
|--------------------|------------------|-------------------|
| | | |
| telephone no | | |
| | | |

(The top portion of the garnishee's payment notice is to be completed by the creditor before the notice of garnishment is issued. Where it is anticipated that more than one payment will be made by the garnishee, the creditor should provide extra copies of the payment notice.)

GARNISHEE'S PAYMENT NOTICE

Make payment by cheque or money order payable to the Sheriff of the *(the name of county or district)* and send it, along with a copy of this payment notice, to the *(address)*.

| File no | |
|---------|--|
| | |

| Court |
|---|
| Office at |
| Creditor |
| Debtor |
| Garnishee |
| TO BE COMPLETED BY GARNISHEE FOR EACH PAYMENT |
| Date of payment |
| Amount enclosed \$ |

(General Heading)

GARNISHEE'S STATEMENT

- I/We acknowledge that I/we owe or will owe the debtor or the debtor and one or more co-owners the sum of \$..., payable on (date) because (Give reasons why you owe the debtor or the debtor and one or more coowners money. If you are making payment of less than the amount stated in line 2 of this paragraph because the debt is owed to the debtor and to one or more co-owners or for any other reason, give a full explanation of the reason. If you owe the debtor wages, state how often the debtor is paid. State the gross amount of the debtor's wages before any deductions and the net amount after all deductions and attach a copy of a pay slip.)
- 2. (If you do not owe the debtor money, explain why. Give any other information that will explain your financial relationship with the debtor.)
- 3. (If you have been served with any other notice of garnishment or a writ of execution against the debtor, give particulars.): Name of creditor, Location of Marshal, Date of notice or writ, Date of service on you
- 4. (If you have been served outside Ontario and you wish to object on the ground that service outside Ontario was improper, give particulars of your objection.)

Date Signature of or for Garnishee Name of garnishee

Address

Telephone number

Form 44C: Notice of Termination of Garnishment

(General Heading)

NOTICE OF TERMINATION OF GARNISHMENT

TO (name of garnishee)

AND TO the Marshal of the (name of county or district)

THE GARNISHMENT ORDER DATED (*date*) SERVED ON YOU IS TERMINATED and you are not to make any further payments under it.

(Date)

(Signature of creditor or Attorney-at-Law) (Name, address, telephone number and fax number or email of creditor or Attorney-at-Law)

Form 45: Writ of Possession

(General Heading)

(Court seal)

WRIT OF POSSESSION

TO: the Marshall of the (name of county or district)

UNDER AN ORDER OF THIS COURT made on (date), in favour of (name of judgment creditor),

YOU ARE DIRECTED to enter and take possession of the following land and premises in your county or district: (Set out a description of the land and premises.)

AND YOU ARE DIRECTED to give possession of the above land and premises without delay to (name of party who obtained order).

Date:

Form 46: Writ of Delivery

(General Heading)

(Court seal)

WRIT OF DELIVERY

TO: the Marshall of the (name of county or district)

UNDER AN ORDER OF THIS COURT made on (date), in favour of (name of judgment creditor),

YOU ARE DIRECTED to seize from (name of party) and to deliver without delay to (name of party who obtained order) possession of the following personal property: (Set out a description of the property to be delivered).

Date:

| Form 47: | Writ of Sequestration |
|--------------|---|
| (Court cool | (General Heading) |
| (Court seal | WRIT OF SEQUESTRATION |
| т | D: the Marshall of the (name of county or district) |
| U | NDER AN ORDER OF THIS COURT made on (date), in favour of (name of judgment creditor), |
| | DU ARE DIRECTED to take possession of and hold the following property within your county or district of erson against whom order was made): (Set out a description of the property to be taken and held.) |
| Al court. | ND YOU ARE DIRECTED to collect and hold any income from the property until further order of this |
| Date: | <u> </u> |

Form 48A: Writ of Seizure and Sale

(General Heading)

(Court seal)

WRIT OF SEIZURE AND SALE

TO: the Marshall of the (name of county or district)

UNDER AN ORDER OF THIS COURT made on (date), in favour of (name of judgment creditor),

YOU ARE DIRECTED to seize and sell the personal *(or real)* property within your county or district of *(name of judgment debtor)* as shall be sufficient to satisfy the sum of \$... being the amount due under the judgment, together with interest thereon at the rate of *(interest rate)* from *(date)* to *(date)*, together with the sum of \$... being the amount of costs due under the said judgment, together with the costs and charges of executing this writ.

Date:

Form 48B: Notice of Sale

(General Heading)

(Court seal)

NOTICE OF SALE

TAKE NOTICE that on *(date)* the judgment debtor *(name)* obtained a judgment or order against *(name)*. As the judgment debtor has failed to pay as ordered, the claimant has requested that the judgment debtor's property be sold in order to satisfy the judgment debt.

IT IS ORDERED that the property described in the attached schedule be sold forthwith on (date) at (place).

Date:

Signature of Judge or Registrar

(The description of the property in the attached schedule must be the same as in the statement of claim.)

Form 50A: Order to Commit

(General Heading)

(Court seal)

WARRANT OF COMMITTAL

TO ALL POLICE OFFICERS

AND TO THE OFFICERS OF (name of correctional institution)

WHEREAS (*name*) has been found in contempt of this court and this Court has ordered imprisonment as punishment for the contempt,

YOU ARE ORDERED TO ARREST (*name*) and deliver him (*or* her) to a correctional institution, to be detained there for (*or* until) (give particulars of sentence).

(Signature of judge)

Form 50B: Judgment Summons

(General Heading)

(Court seal)

JUDGMENT SUMMONS

TO THE DEFENDANT:

TAKE NOTICE that on *(date)* the claimant obtained a judgment or order against you. 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 in this court at *(address)* on *(date)* at *(time)* 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.

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.

Date:

Signature of Registry

Issued by: (name of person at Registry) Address of Registry where issued: (address of Registry)

Form 52: Statement of Financial Position

(General Heading)

STATEMENT OF FINANCIAL POSITION

TAKE NOTICE THAT the *(identify party or person)* seeks to examine you orally as to your income, assets and liabilities and the means by which the judgment debt may be paid. The date, time and place of the oral examination is set out in the Notice of Examination that is served with this notice.

YOU ARE REQUIRED to complete and serve this completed form on the judgment creditor within 4 days of the date of the oral examination. When you have done so, the judgment creditor may cancel the oral examination if he is satisfied with the information that you provide.

UNLESS YOU ARE NOTIFIED by the judgment creditor that your attendance is not required, you must attend on the date, time and place stated in the Notice of Examination. If you fail to do so, further proceedings may be taken which may result in your being imprisoned.

FINANCIAL POSITION

I, (name), certify that the following is an accurate summary of my financial position:

| MONTHLY INCOME | Amou | nt MONTHLY EXPENSES | Amount |
|-------------------------|------|---------------------------------|--------|
| Employer(s) | | Rent/Mortgage | \$ |
| Employer(s) | | Maintenance/Support Payments | \$ |
| Net salary | \$ | Property taxes | \$ |
| Commissions | \$ | Utilities (heat, water & light) | \$ |
| Tips and gratuities | \$ | Phone | \$ |
| Employment insurance | \$ | Cable | \$ |
| Pension income | \$ | House/Tenant insurance | \$ |
| Investment income | \$ | Life insurance | \$ |
| Rental income | \$ | Food | \$ |
| Business income | \$ | Childcare/Babysitting | \$ |
| Tax benefit | \$ | Motor vehicle (lease or loan) | \$ |
| Monthly income of other | \$ | Motor vehicle expenses | \$ |
| adult household members | | | |
| Other | \$ | Transportation (public) | \$ |
| Income assistance | \$ | Other | \$ |
| INCOME TOTAL | \$ | EXPENSES TOTAL | \$ |

| MONTHLY DEBTS | Amount | VALUE OF ASSETS | Amount |
|---|--------|-------------------------------------|--------|
| Credit card(s) payments (please specify): | \$ | \$ Real estate equity \$ | |
| (picuse specify). | \$ | Mortgages | \$ |
| Bank or finance company loan payments (please specify): | \$ | Automobile equity | \$ |
| | \$ | Stocks & bonds | \$ |
| | \$ | Money owing to you | \$ |
| Department store(s) payments (please specify): | \$ | Personal property (please specify): | \$ |
| | \$ | Cash | \$ |
| | \$ | Other | \$ |
| TOTAL OF DEBTS | \$ | TOTAL OF ASSETS | \$ |

Date:

Signature of Attorney-at-Law

Form 53: Stop Notice

(General Heading)

(Court seal)

STOP NOTICE

TAKE NOTICE THAT the (*identify party or person*), having undertaken to be bound by any order this Court makes in respect of costs or damages caused by this Stop Notice, requires you to provide them with at least 28 days' written notice of any intended transfer, disposition of or other dealing with the property or securities of the (*name of Judgment Debtor*).

THE ADDRESS FOR SERVICE of the Judgment Creditor on whom notice must be provided is: (give address for service)

Date:

Signature of Registry

Issued by: (name of person at Registry) Address of Registry where issued: (address of Registry)

Form 56: Notice of Claim for an Administrative Order

(General Heading)

NOTICE OF CLAIM FOR AN ADMINISTRATIVE ORDER

The (*identify party*) issued a claim for an administrative order on (*date*) for (state the remedies sought and a short description of the nature of the claim) against (*identify party*).

(Date)

(Name, address, telephone number and fax number or email of Attorney-at-Law or claimant)

Form 57: Writ of Habeas Corpus

(General Heading)

(Court seal)

WRIT OF HABEAS CORPUS

TO THE DIRECTOR OF PRISONS:

YOU ARE REQUIRED to produce to the High Court on *(date)* at *(time)* the body of *(name)* by whatever name he or she is called, said to be detained in your custody, and be prepared to state the day and cause of his or her 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 time stated above, the Court may commit you to prison for your contempt in not obeying this writ.

Date:

Signature of Registry

Issued by: (name of person at Registry) Address of Registry where issued: (address of Registry)

Form 60A: Notice of Appeal to the High Court

(General Heading)

(Court seal)

NOTICE OF APPEAL TO THE HIGH COURT

THE (*identify party*) APPEALS to the High Court from the (*decision*) of (*name of person or body*) dated (*date*) made at (*place*).

THE APPELLANT ASKS that the decision be set aside and a judgment be granted as follows (or that the decision be varied as follows, or as may be): (Set out briefly the relief sought.)

THE GROUNDS OF APPEAL are as follows: (Set out briefly the grounds of appeal.)

THE BASIS OF THE HIGH COURT'S JURISDICTION IS: (State the basis for the court's jurisdiction, including (i) any provision of an enactment establishing jurisdiction, (ii) whether the decision appealed from is final or interlocutory, (iii) whether leave to appeal is required an if so whether it has been granted, and (iv) any other facts relevant to establishing jurisdiction.)

(Date)

(Name, address and telephone and fax numbers of appellant's Attorney-at-Law or of appellant)

Date:

Signature of Registry

Issued by: (name of person at Registry) Address of Registry where issued: (address of Registry)

TO (Name and address of respondent's Attorney-at-Law or of respondent)

Form 60B: Certificate of Result of Appeal

(General Heading)

(Court seal)

CERTIFICATE OF RESULT OF APPEAL

THIS APPEAL was heard on (*date*) before (*name of judge or judges*) in the presence of (*names of all Attorneys-at-Law and, if no Attorney-at-Law, parties that were present if order made at a hearing*).

I HEREBY CERTIFY THAT an order was made as follows:

IT IS ORDERED that:

11. (state all orders made on appeal)

Date:

Signature of Registry

Issued by: (name of person at Registry) Address of Registry where issued: (address of Registry)

Form 61: Notice of Appeal by way of Case Stated

(General Heading)

(Court seal)

NOTICE OF APPEAL BY WAY OF CASE STATED

THE FOLLOWING CASE is stated for the opinion of the court:

1. (Set out, in consecutively numbered paragraphs, the material facts of the case that are necessary to enable the court to determine the questions stated. Refer to and include a copy of any relevant documents.)

THE QUESTIONS for the opinion of the court are:

1. (Set out the questions in consecutively numbered paragraphs.)

THE RELIEF SOUGHT on the determination of the questions stated is:

1. (Set out the relief sought, as agreed on by the parties, in respect of each possible answer to each of the questions stated, in a form that could readily be incorporated into an order.)

(Date)

(Signature of all Attorney-at-Laws or parties in the proceeding) (Names, addresses, telephone numbers and fax numbers or emails of all Attorney-at-Laws or parties in the proceeding)

Date:

Signature of Registry

Issued by: (name of person at Registry) Address of Registry where issued: (address of Registry)

Form 62A: Notice of Appeal to the Full Court

(General Heading)

(Court seal)

NOTICE OF APPEAL TO THE FULL COURT

THE (*identify party*) APPEALS to the Full Court from the (*decision*) of (*name of person or body*) dated (*date*) made at (*place*).

THE APPELLANT ASKS that the decision be set aside and a judgment be granted as follows (or that the decision be varied as follows, or as may be): (Set out briefly the relief sought.)

THE GROUNDS OF APPEAL are as follows: (Set out briefly the grounds of appeal.)

THE BASIS OF THE FULL COURT'S JURISDICTION IS: (State the basis for the court's jurisdiction, including (i) any provision of an enactment establishing jurisdiction, (ii) whether the decision appealed from is final or interlocutory, (iii) whether leave to appeal is required an if so whether it has been granted, and (iv) any other facts relevant to establishing jurisdiction.)

(Date)

(Name, address and telephone and fax numbers of appellant's Attorney-at-Law or of appellant)

Date:

Signature of Registry

Issued by: (name of person at Registry) Address of Registry where issued: (address of Registry)

TO (Name and address of respondent's Attorney-at-Law or of respondent)

Form 62B: Notice of Cross-Appeal to the Full Court

(General Heading)

(Court seal)

NOTICE OF CROSS-APPEAL

THE RESPONDENT CROSS-APPEALS in this appeal and asks that the judgment be set aside and judgment be granted as follows: (or that the judgment be varied as follows, or as may be): (Set out briefly the relief sought.)

THE GROUNDS FOR THIS CROSS-APPEAL are as follows: (Set out briefly the grounds of cross-appeal.)

(Date)

(Name, address and telephone and fax numbers of respondent's Attorney-at-Law or respondent)

Date:

Signature of Registry

Issued by: (name of person at Registry) Address of Registry where issued: (address of Registry)

TO (Name and address of appellant's Attorney-at-Law or appellant)

Form 62C: Notice to Discontinue Appeal

(General Heading)

NOTICE TO WITHDRAW OR DISCONTINUE APPEAL

The appellant (or respondent) withdraws and discontinues this appeal (or cross-appeal).

(Date)

(Name, address and telephone and fax numbers of Attorney-at-Law or party serving notice)

TO (Name and address of Attorney-at-Law or party on whom notice is served)

Form 63A: Notice of Appointment of Attorney-at-Law

(General Heading)

NOTICE OF APPOINTMENT OF ATTORNEY-AT-LAW

The claimant (or as may be), (name of party), has appointed (name) as Attorney-at-Law of record.

Date..... Signed by.....

(Name, address, telephone number and fax number or email of new Attorney-at-Law)

TO (Names, addresses, telephone numbers and fax numbers or emails of Attorneys-at-Law for all other parties, or names and addresses of all other parties)

Form 63B: Notice of Change of Attorney-at-Law

(General Heading)

NOTICE OF CHANGE OF ATTORNEY-AT-LAW

The claimant (or as may be), (name of party), formerly represented by (name of former Attorney-at-Law), has appointed (name of new Attorney-at-Law) as Attorney-at-Law of record.

Date..... Signed by.....

(Name, address, telephone number and fax number or email of new Attorney-at-Law)

- TO (Name and address of former Attorney-at-Law)
- AND TO (Names, addresses, telephone numbers and fax numbers or emails of Attorneys-at-Law for all other parties, or names and addresses of all other parties)

| Form 63C: | Notice of Intention to Act in Person | | | | |
|------------------------------|---|--|--|--|--|
| | (General Heading) | | | | |
| | NOTICE OF INTENTION TO ACT IN PERSON | | | | |
| The claimant to act in perso | (or as may be), (name of party), formerly represented by (name) as Attorney-at-Law of record, intends on. | | | | |
| | <i>complete if filed by the Attorney-at-Law of record</i>) The claimant <i>(or as may be)</i> consents to the filing of this form by he Attorney-at-Law of record on his/her behalf. | | | | |
| Date | Signed by | | | | |
| | (print name of claimant (or as may be)) | | | | |
| explained the | filed by the Attorney-at-Law of record) I (name of Attorney-at-Law of record) confirm that I have purpose of this form to (name of the claimant or as may be) and have confirmed his/her intention to in place of me. The claimant (or as may be) signed this form at the time he/she consented to act in | | | | |
| Date | Signed by | | | | |
| | (print name of Attorney-at-Law of record) | | | | |
| (Date) | (Name, address for service and telephone number of party intending to act in person) | | | | |
| то | (Name and address of former Attorney-at-Law) | | | | |
| AND TO | (Names, addresses, telephone numbers and fax numbers or emails of Attorneys-at-Law for all other parties, or names and addresses of all other parties) | | | | |

Form 64A: Affidavit of Disbursements

(General Heading)

AFFIDAVIT OF DISBURSEMENTS

I, (full name of deponent), of the (name of City, Town, etc.), in the (name of County, District, Region, etc.), Attorney-at-Law for (party), MAKE OATH AND SAY (or AFFIRM):

- 1. I have incurred the disbursements on behalf of my client, *(party)*, for which I intend to or already have charged my client.
- 2. Where available, I have attached the related invoice or proof of payment for each disbursement as an exhibit to this my affidavit.
- 3. All of the disbursements claimed are as follows:

| Exhibit | Description | Amount |
|---------|--|--------|
| А | (provide description of each disbursement) | |
| В | | |
| С | | |
| N/A | Registry for (issuing, filing, etc., of and description) | |
| Total | | |

(attach each receipt, invoice, or other proof of payment, where available, as exhibit to the affidavit. where no invoice or proof of payment is available, add paragraph for each such disbursement explaining the nature of the disbursement and why none is available. Registry fees do not require proof of payment)

Sworn (*or* Affirmed) before me at the (City, Town, *etc.*) of ... in the (County, District, Region, *etc.*) of ... , on (*date*).

.....

Commissioner for Taking Affidavits (or as may be) (print name in full)

(Signature of deponent) (print name in full)

Form 64B: Bill of Costs

(General Heading)

BILL OF COSTS

AMOUNTS CLAIMED FOR FEES AND DISBURSEMENTS

The (identify party) provides the following outline of the costs that the party seeks:

| Fees (as detailed below) | \$ | |
|-----------------------------------|----------|--|
| Disbursements (as detailed below) | \$ | |
| | Total \$ | |

PARTICULARS OF FEES

The following are the hours spent, the rates sought for fees and the rate actually charged by the party's Attorneyat-Law for the services: (in support of the claim for fees, attach copies of the dockets or other evidence)

| Fee Item | Hours | Amount (and rate if applicable) |
|--|-------|---------------------------------|
| (provide description for each step or stage) | | |
| | | |
| | | |
| | | |
| Total | | |

STATEMENT OF EXPERIENCE

A claim for fees is being made with respect to the following attorney-at-laws: (name Attorney-at-Law and his or her years of experience)

PARTICULARS OF DISBURSEMENTS

The following are the disbursements incurred and charged by the party's Attorney-at-Law to his or her client: (*in support of the claim for disbursements, attach copies of invoices or other evidence*)

| Description | Cost |
|--|------|
| (provide description of each disbursement) | |
| | |
| | |
| Total | |

ATTORNEY-AT-LAW'S CERTIFICATE

I CERTIFY that the hours claimed have been spent, that the rates shown are correct and that each disbursement has been incurred as claimed.

Date:

Signature of Attorney-at-Law

Form 70A: Caveat against Arrest

(General Heading)

CAVEAT AGAINST ARREST

Take notice that I, (full name), of the (name of City, Town, etc.), in the (name of County, District, Region, etc.), (where the deponent is a party or the Attorney-at-Law, officer, director, member or employee of a party, set out the deponent's capacity), request the entry of a caveat against arrest be entered against (name and description the property), and I MAKE OATH AND SAY (or AFFIRM):

- 1. I am the within named caveator (or agent for the caveator).
- 2. I believe that I have (or the caveator has) a good and valid claim on the (name and description the property).
- 3. This caveat is not being filed for the purpose of delaying or embarrassing any person interested in or proposing to deal with the property.
- 4. I undertake to accept service of a claim in any action that may be commenced in the High Court of the Supreme Court of Judicature against (*give name*) and to give security in the claim in the sum not exceeding (*enter amount*) or to pay that sum into court.
- 5. My address for service is (give address for service).

Sworn (*or* Affirmed) before me at the (City, Town, *etc.*) of ... in the (County, District, Region, *etc.*) of ... , on (*date*).

Commissioner for Taking Affidavits (or as may be) (print name in full)

Form 70B: Release of Property under Arrest

(General Heading)

RELEASE OF PROPERTY UNDER ARREST

Take notice that The Marshal is requested to release in the above proceeding the (name and description the property).

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

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

I confirm that as at (time) on (date) no caveats have been filed or entered against release of the above property.

(Date)

(Name, address, telephone number and fax number or email of party or person)

Form 70C: Caveat against Release

(General Heading)

CAVEAT AGAINST RELEASE

Take notice that I, (full name), of the (name of City, Town, etc.), in the (name of County, District, Region, etc.), (where the deponent is a party or the Attorney-at-Law, officer, director, member or employee of a party, set out the deponent's capacity), request the entry of a caveat against release be entered against (name and description the property) or that it's proceeds of sale paid into court by the Marshal, and I MAKE OATH AND SAY (or AFFIRM):

- 1. I am the within named caveator (or agent for the caveator).
- 2. I believe that I have (or the caveator has) a good and valid claim on the (name and description the property).
- 3. This caveat is not being filed for the purpose of delaying or embarrassing any person interested in or proposing to deal with the property.

Sworn (*or* Affirmed) before me at the (City, Town, *etc.*) of ... in the (County, District, Region, *etc.*) of ... , on (*date*).

Commissioner for Taking Affidavits (or as may be) (print name in full) (Signature of deponent) (print name in full)

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