

**PLAINT**

**IN THE SUMMARY COURT AT GEORGE TOWN**

Cause No. SC 41 of 2020

**BETWEEN: THE ATTORNEY GENERAL**

**Plaintiff**

**AND: (1) JOHN ADDELSON  
(2) INTERNATIONAL MEDICAL GROUP**

**Defendant**



To the Defendant:

JOHN ADDELSON c/o  
INTERNATIONAL MEDICAL GROUP  
30 Pasadora Place  
94A Smith Road, George Town  
P.O. Box 30073  
Grand Cayman KY1-1201  
Cayman Islands



**THIS PLAINT** has been issued against you by the above named Plaintiff in respect of the claim set out on the next page.

**Within 14 days** after service of this Complaint on you, counting the day of service you must either satisfy the claim or return to the Court office, PO Box 495GT, George Town Grand Cayman, the accompanying Acknowledgement of Service form stating therein whether you intend to contest this action. If you intend to defend the action, in whole or in part, you must set out **full particulars of your defence** in the space provided in the Acknowledgement of Service form.

**If you fail** to satisfy the claim or fail to return the Acknowledgement of Service form containing full particulars of your defence, the Plaintiff may apply for a **default judgment** without any further notice to you.

**Issued** this 9<sup>th</sup> day of March 2020

**See overleaf for particulars of the Plaintiff's claim**

## **PARTICULARS OF CLAIM**

1. The First Defendant is and was at all material times resident in the Cayman Islands and carrying on business as a Cayman Islands licensed health practitioner in the name of the Second Defendant, pursuant to the laws of the Cayman Islands. The Defendant's registered office is 30 Pasadora Place, 94A Smith Road, George Town, Grand Cayman KY1-1201, Cayman Islands.
2. On 4 September 2019 the Defendant issued one cheque to the Cayman Islands Government for the payment of services, which was dishonoured by the bank and returned to the Government due to insufficient funds. The particulars of the dishonoured cheque is:

<b>Cheque No.</b>	<b>Date of Cheque</b>	<b>Amount of cheque CI\$</b>	<b>Admin Fees</b>	<b>Total owed to CIG CI\$</b>
0563	4 Sept 19	13,950.00	40.00	<b>13,990.00</b>

3. The total sum owed to the Cayman Islands Government is CI\$13,990.00, inclusive of administration fees.
4. Notwithstanding the demands for payment being made on the Defendants and the efforts to have the First Defendant enter a payment agreement, the First Defendant has failed to honour promises to do so.
5. To date the Defendants have failed or neglected to make full payment on this amount to the Plaintiff despite repeated demands for payment.
6. As a result of the above, the Plaintiff is entitled to the relief claimed in this proceeding.

### **AND THE PLAINTIFF** claims:

- a. CI\$13,992.00 being the total sum due to the Plaintiff.
- b. CI\$150.00 being the cost of personal service on the Defendants
- c. Fixed costs at CI\$150.00 or as to be assessed.

  
\_\_\_\_\_  
Attorney General

Plaintiff's address for service

The Cayman Islands Government  
Treasury Dept.  
3<sup>rd</sup> Floor Government Admin Bldg.  
133 Elgin Ave, George Town  
Grand Cayman, Cayman Islands  
Attn: Nathania Pearson, Debt Recovery  
Manager.

This PLAINT was filed by the Plaintiff whose address for service is Treasury Department, Government Administration Building, 133 Elgin Avenue, George Town, Grand Cayman KY1-9000, Cayman Islands

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Cause No. SC \_\_\_\_\_ of 2020

**BETWEEN:** THE ATTORNEY GENERAL

Plaintiff

**AND:** (1) JOHN ADDELSON  
(2) INTERNATIONAL MEDICAL GROUP

Defendant

**ACKNOWLEDGEMENT OF SERVICE**

1. State the Defendant's name and address-

2. State whether the Defendant intends to contest the action.

Yes

No

3. If you do not intend to contest the action, do you want time in which to pay the claim?

Yes

No

4. If you intend to contest the action, in whole or in part, you must set out full particulars of your defence overleaf.

**Service of the Plaint is acknowledged accordingly.**

\_\_\_\_\_  
Defendant's Signature

Dated this \_\_\_\_\_ day of \_\_\_\_\_ 2020

**See Overleaf**

**PARTICULARS OF DEFENCE**

(Here set out in numbered paragraphs the grounds upon which the Defendant says that he is not liable to the Plaintiff, or is not liable for the full amount claimed).

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Defendant's Signature

**REMINDER:** This form must be taken to the Court Office, PO Box 495GT, George Town, Grand Cayman within 14 days of receipt otherwise default judgment may be entered against you.