

No. 1
Plaint

IN THE SUMMARY COURT AT GEORGE TOWN

Cause No. SC _____ of 20__

BETWEEN:

GREG HONEYGAON

Plaintiff

AND:

SANDRA HAYNES

Defendant

To the Defendant

DIETARY DEPARTMENT
HEALTH SERVICES AUTHORITY
95 HOSPITAL ROAD

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 Plaint 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 Acknowledgment 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 3 day of 10 2022

See overleaf for particulars of the Plaintiff's claim


PARTICULARS OF CLAIM

(Here set out in numbered paragraphs the grounds upon which the Plaintiff claims that the Defendant is indebted to him or is liable to pay damages to him)

Ms. SHADNA HAYNES Borrowed C\$1000.00 from me in JANUARY 2022. SHE PROMISED to pay back the money in JANUARY, but has given me absolutely zero ten months. I have been unemployed since July and need the money for my bills.

AND the Plaintiff claims:

- 1 The sum of C\$1000.00
- 2 Interest in the sum of \$ _____ calculated at the prescribed rate from to date.
- 3 Fixed costs of \$ 150.00, alternatively costs to be assessed.



Plaintiff's Signature

Plaintiff's address for service

165 KETURAK STREET
GEORGETOWN
Cell #: 326-4999 Email: Spuggy_lm@yahoo.com

No. 2

Acknowledgment of Service

IN THE SUMMARY COURT AT GEORGE TOWN

Cause No. SC _____ of 20__

Between:

GREG HUNTER-GRAW

Plaintiff

AND:

SANDRA HAYNES

Defendant

ACKNOWLEDGMENT OF SERVICE

1 State Defendant's name and address -

[Empty box for 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 do 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 _____, 20__

See Overleaf