



Please provide to the Judicial
Assistant or Court Clerk prior to the
hearing

Appearances Form (Commercial Division)

Claim No. BVIHC (COM)		
Parties:		
Hearing Date:	Time:	Length of Hearing:

Counsel's Name	Firm	Representation	Appearance <i>In person/ video telephone</i>
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			

"to deal with cases justly"

Objections were received from the following parties and on the following grounds: *(use separate sheet if necessary)*

Representations to the Court

1. I confirm that prior to submission of this form all other parties involved in the hearing have been notified of this request.
2. I certify that no other persons will be included in the hearing without the Court's permission.

This request is submitted by:

Counsel's Name / Representation	Signature	Date
Name of firm : Telephone / email Contact for person(s) handling the request:		
<i>If joint-request:</i> Counsel's Name / Representation	<i>Firm</i>	<i>Telephone / email contact</i>

FOR COURT USE ONLY

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**IN THE EASTERN CARIBBEAN SUPREME COURT
IN THE HIGH COURT OF JUSTICE
VIRGIN ISLANDS
COMMERCIAL DIVISION**

CLAIM NO:

BETWEEN:

[X]

and

[Y]

STATUS UPDATE [ON BEHALF OF [PARTY]]

- 1. Current listing date:**
- 2. Nature of application (or listed as a trial):**
- 3. Time estimate:**
- 4. Any reasons why a telephone hearing would not be appropriate, and if not, what form of hearing is required:**
- 5. Is it essential that this hearing date is maintained:**
- 6. If not, what are the requested dates for an alternative listing?**
- 7. Reasons for prioritising this hearing in a re-constituted Court list:**
- 8. Which, if any, of the above responses are agreed between the parties:**
- 9. Any other comments:**

Dated

[Name of Legal Practitioner]
[Name of Firm]
Legal Practitioners for the [Claimant/Defendant/Applicant/Respondent]

Dated

[Name of Legal Practitioner]
[Name of Firm]
Legal Practitioners for the [Claimant/Defendant/Applicant/Respondent]

THE REGISTRY OF THE SUPREME COURT
EASTERN CARIBBEAN SUPREME COURT



TRANSCRIPT REQUEST FORM

CASE INFORMATION

No. _____ 2017

The COURT / CLAIMANT (S) / DEFENDANT (S) (circle one) hereby orders from the Registrar of the Supreme Court a transcript of the proceedings described below:

DATE REQUESTED (dd/mm/yy) _____ CASE NUMBER _____

PARTIES _____

PRESIDING JUDGE: _____

COURT DATE (dd/mm/yy) (one date per form): _____ TYPE OF PROCEEDING _____

NAME(S) OF COURT REPORTER(S) _____

SPECIAL REQUESTS/ INSTRUCTIONS (Note specifically any portions of proceedings NOT to be prepared or any other limitations or special requests affecting the transcript):

TYPE OF TRANSCRIPT (from date of request) and PAGE RATE (circle desired selections):

TYPE	Original	First Copy Each Party	Additional Copy Same Party	TOTAL COPIES
ORDINARY within 4 weeks				
EXPEDITED within 5 working days				
DAILY within 24 hours				
AUDIO Within 24 hours				

PRIVATE COUNSEL _____

APPOINTED COUNSEL (Legal Aid) _____

If expedited request, please note any upcoming hearing dates to be affected _____

NAME AND ADDRESS OF PERSON REQUESTING TRANSCRIPT

PRINT NAME _____ ATTORNEY/FIRM _____

E-MAIL ADDRESS _____ TELEPHONE NO (required) _____

ADDRESS _____

Signature of Applicant (I agree to pay the applicable fees on collection): _____

P-T-O

FOR OFFICIAL USE ONLY

DATE ASSIGNMENT & ACKNOWLEDGMENT

- Registrar** - Application emailed to Senior Court Reporter within eight (8) hours of filing.
- Senior Court Reporter** - Transcript assigned delivery date: (dd/mm/yy)_____ and return to Registrar within 24 hours of receipt.
- Registrar** - Returned/Emailed (circle one) copy of Application to Applicant within 36 hours of filing.

COMPLETION RECORD

No. of pages completed _____ No. of copies _____

Amount Charged \$ _____

Copy of Transcript saved on Registry's "i:/Drive"? YES _____

Signature of Senior Court Reporter _____

Signature of Registrar _____

Date transcript collected (dd/mm/yy) _____

PRINT NAME OF RECIPIENT

SIGNATURE OF RECIPIENT