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Form 1 Heading, Supreme Court (r.2.5)

**IN THE SUPREME COURT OF  
THE REPUBLIC OF VANUATU  
(CIVIL JURISDICTION)**

**CIVIL CASE NO                      OF**

**BETWEEN**

\_\_\_\_\_  
Claimant's name

\_\_\_\_\_  
Claimant's lawyer's name or Claimant's address

**AND**

\_\_\_\_\_  
Defendant's name

\_\_\_\_\_  
Defendant's lawyer's name or Defendant's address

(list any other parties, e.g. other defendants, third parties)

**(TITLE OF DOCUMENT)**

Form 2 Heading, Magistrates Court (r.2.5)

**IN THE MAGISTRATES COURT OF  
THE REPUBLIC OF VANUATU  
(CIVIL JURISDICTION)**

**CIVIL CASE NO                      OF**

**BETWEEN**

\_\_\_\_\_  
Claimant's name

\_\_\_\_\_  
\_\_\_\_\_  
Claimant's lawyer's name or Claimant's address

**AND**

\_\_\_\_\_  
Defendant's name

\_\_\_\_\_  
\_\_\_\_\_  
Defendant's lawyer's name or Defendant's address

(list any other parties, e.g. other defendants, third parties)

**(TITLE OF DOCUMENT)**

**[HEADING AS IN FORM 1 or 2]**

I, \_\_\_\_\_ of \_\_\_\_\_, swear the following is true:  
name of person making statement address and occupation

3.

)
)
)

signature of person making statement

date

Signature of witness  
Commissioner for Oaths OR Notary Public

Form 4 Third Party Notice (r.3.7)

**[HEADING AS IN FORM 1 or 2]**

**AND**

\_\_\_\_\_  
Third Party's name

\_\_\_\_\_  
Third Party's lawyer's name or Third Party's address

**THIRD PARTY NOTICE**

**TO** \_\_\_\_\_  
Name of third party  
**of** \_\_\_\_\_  
Address of third party

1. I, \_\_\_\_\_ of \_\_\_\_\_  
Defendant's name Defendant's address  
**claim**

\_\_\_\_\_  
details of contribution, indemnity or other remedy claimed by defendant against third party

**because**

\_\_\_\_\_  
reasons for claim against third party

2. You are a party to these proceedings from the date this notice is served on you.

\_\_\_\_\_  
Signature of defendant's lawyer, or defendant if defendant does not have a lawyer

Date of filing: \_\_\_\_\_

Filed by: \_\_\_\_\_  
name and address of defendant's lawyer OR  
Defendant's name and address, if defendant does not have a lawyer

Form 5 Supreme Court Claim (r.4.3)

[HEADING AS IN FORM 1]

SUPREME COURT CLAIM

<b>Date of filing:</b>	_____	If for fixed amount	
<b>Filed by:</b>	_____	The Claimant Claims:	_____
<b>Address for</b>	_____	Interest:	_____
<b>Service</b>	_____	Filing and Service Fees:	_____
		Total claimed	_____
			_____ and costs

name and address of Claimant's lawyer OR  
Claimant's name and address, if claimant does  
not have a lawyer

Set out details of claim in numbered paragraphs

1.

2.

Signed by the Claimant OR Claimant's lawyer	)	
at	)	
	)	
Place	)	
on	)	
	)	
Date	)	

Signature of claimant OR claimant's lawyer

**IMPORTANT:** To (name of defendant)

**YOU MUST READ THIS CLAIM AND THE ATTACHED NOTES. YOU MAY WISH TO CONSULT A LAWYER. YOU MUST RETURN THE RESPONSE FORM TO THE COURT. YOU MUST TAKE ACTION QUICKLY.**

**COURT CLAIM**

**NOTES FOR DEFENDANTS**

**You have been served with a claim in legal proceedings. You are the defendant. This claim is made against you personally or as the representative of the defendant.**

**YOU MUST TAKE ACTION QUICKLY**

- 1. Complete the attached RESPONSE form.  
Take or send one copy to the Court.  
Take or send one copy to the Claimant.**

**These copies must be actually with the Court and Claimant in 14 days from when you received the Claim.**

- 2. If you have ticked box 2 or 3 on the Response form, you must file a DEFENCE form.  
Set out in the Defence why you dispute part or all of the claim.  
Take or send one copy to the Court.  
Take or send one copy to the Claimant.**

**These copies must be actually with the Court and Claimant in 28 days from when you received the claim.**

- 3. If you have ticked box 4 on the Response form, you must file a Defence (see paragraph 2) and a COUNTERCLAIM.  
Set out in the Counterclaim what you are claiming against the claimant.  
Take or send one copy to the Court.  
Take or send one copy to the Claimant.**

**These copies must be actually with the Court and Claimant in 28 days from when you received the claim.**

**WARNING: If you do not take action as required then the claimant can sign judgment against you. This means the claimant will win the case. You can then only reopen the case on the Order of a Judge or Magistrate if you have good reason.**

Form 6 Magistrates Court Claim (r.4.3)

**[HEADING AS IN FORM 2]**

**MAGISTRATES COURT CLAIM**

<b>Date of filing:</b> _____	If for fixed amount	_____
<b>Filed by:</b> _____	The Claimant Claims:	_____
<b>Address for</b> _____	Interest:	_____
<b>Service</b> _____	Filing and Service Fees:	_____
	Total claimed	_____
		and costs

name and address of Claimant's lawyer OR  
Claimant's name and address, if claimant does  
not have a lawyer

DATE OF FIRST HEARING \_\_\_\_\_ **YOU MUST ATTEND COURT ON THIS DATE**

Set out details of claim in numbered paragraphs

1.

2.

Signed by the Claimant OR Claimant's lawyer	)	
at _____	)	
Place	)	
on _____	)	
Date	)	

Signature of claimant OR claimant's lawyer

**[WARNING NOTICE AS IN FORM 5]**

Form 7 Response (r.4.4)

**[HEADING AS IN FORM 1 or 2]**

**RESPONSE**

The defendant's address for service of documents is:

\_\_\_\_\_

Defendant's address for service

You must tell the court and the other parties immediately if you change this address

I have received a copy of the Claim in this case.

Please tick appropriate box or box or boxes

☐

1. I agree the claim is correct.

☐

2. I dispute part of the claim.

☐

3. I dispute all of the claim.

☐

4. I want to make a counterclaim.

(For a proceeding in the Magistrates Court)

If the defendant objects to the place where the proceeding is to be dealt with:

☐

5. I object to this proceeding being dealt with at \_\_\_\_\_

place

**YOU MUST** return this form to court, and serve a copy on the claimant, within 14 days from when you received the claim. If you have ticked box 2 or 3 you must file a defence, and serve a copy on the claimant, in 28 days from when you received the claim. If you have ticked box 4 you must file a defence and counterclaim, and serve them on the claimant, in 28 days from when you received the claim.

\_\_\_\_\_  
Signature of defendant's lawyer, OR

defendant if defendant does not have a lawyer

**[FILING PARTY DETAILS AS IN FORM 4]**

Form 8 Defence (r.4.5)

[HEADING AS IN FORM 1 or 2]

DEFENCE

Set out details of defence in numbered paragraphs

- 1.
- 2.
- 3.

Signed by the Defendant OR Defendant's lawyer

at	_____ )	_____ )
	Place _____ )	Defendant's signature OR defendant's
on	_____ )	lawyer's signature
	Date _____ )	

Date of filing: \_\_\_\_\_  
Filed by: \_\_\_\_\_  
name and address of defendant's lawyer OR  
Defendant's name and address, if defendant  
does not have a lawyer

If the defendant has not filed a response:  
The defendant's address for service is:  
\_\_\_\_\_  
\_\_\_\_\_

Form 9 Reply (r.4.6)

**[HEADING AS IN FORM 1 or 2]**

**REPLY**

Set out details of reply in numbered paragraphs

- 1.
- 2.
- 3.

\_\_\_\_\_  
Signature of claimant's lawyer, or claimant if claimant does not have a lawyer

**[FILING PARTY DETAILS AS IN FORM 4]**

Form 10 Application (r.7.2)

**[HEADING AS IN FORM 1 or 2]**

**APPLICATION**

\_\_\_\_\_  
Applicant's name

of \_\_\_\_\_ applies for:  
Applicant's address

Set out details of application in numbered paragraphs

- 1.
- 2.

on the grounds that:

set out reasons for making application in numbered paragraphs

- 1.
- 2.

\_\_\_\_\_  
Signature of applicant's lawyer, or applicant if applicant does not have a lawyer

**[FILING PARTY DETAILS AS IN FORM 4]**

Form 11 List of documents (r.8.5)

**[HEADING AS IN FORM 1 or 2]**

**(CLAIMANT'S/DEFENDANT'S) LIST OF DOCUMENTS**

I \_\_\_\_\_ the Claimant/Defendant swear the following is true:  
Name of person making document

1. I understand my obligation to disclose documents.
2. To the best of my knowledge I have disclosed all documents that I must disclose.
3. The documents relating to this proceeding that are or have been in my control are listed in Schedules 1 and 2.
4. I have in my possession the documents listed in Parts 1 and 2 of Schedule 1.
5. I have had in my possession the documents listed in Schedule 2 but no longer have them in my possession.
6. I claim the documents listed in Part 2 of Schedule 1 are privileged because  
set out reasons
7. I do not have and have not had control of any other documents relating to this proceeding.

**SCHEDULE 1**  
**Part 1**

List documents

**SCHEDULE 1**  
**Part 2**

List documents

**SCHEDULE 2**  
List documents

**[JURAT ETC AS IN FORM 3]**

**[FILING PARTY DETAILS AS IN FORM 4]**

Form 12 Request for default judgment, fixed amount (r.9.2)

**[HEADING AS IN FORM 1 or 2]**

**REQUEST FOR DEFAULT JUDGMENT (FIXED AMOUNT)**

\_\_\_\_\_  
Claimant's name of \_\_\_\_\_  
Claimant's address

requests the court to give default judgment against the defendant on the ground that the defendant has not filed a \_\_\_\_\_ after being served with the claim in this proceeding. response within 14 days or defence within 28 days

The Claimant claims:

Interest:  
Filing and Service Fees:  
Costs: \_\_\_\_\_  
Total Claimed: \_\_\_\_\_

\_\_\_\_\_  
Signature of claimant's lawyer, or claimant if claimant does not have a lawyer

**[FILING PARTY DETAILS AS IN FORM 4]**

\_\_\_\_\_  
Form 13 Request for default judgment, damages (r.9.3)

**[HEADING AS IN FORM 1 or 2]**

**REQUEST FOR DEFAULT JUDGMENT (DAMAGES)**

\_\_\_\_\_  
Claimant's name of \_\_\_\_\_  
Claimant's address

1. requests the court to give default judgment against the defendant on the ground that the defendant has not filed a \_\_\_\_\_ after being served with the claim in this proceeding; and response within 14 days or defence within 28 days
2. asks the court to determine the amount of damages.

\_\_\_\_\_  
Signature of claimant's lawyer, or claimant if claimant does not have a lawyer

**[FILING PARTY DETAILS AS IN FORM 4]**

Form 14 Application to set aside default judgment (r.9.5)

**[HEADING AS IN FORM 1 or 2]**

**APPLICATION TO SET ASIDE DEFAULT JUDGMENT**

1. \_\_\_\_\_ of \_\_\_\_\_  
Claimant's name Claimant's address

applies for the default judgment signed against the applicant on \_\_\_\_\_ be set aside.  
date of judgment

2. The applicant did not respond to the claim or defend the claim because:  
set out reasons

3. The applicant's defence to the claim is:  
set out details of defence

\_\_\_\_\_  
Signature of applicant's lawyer, or applicant if claimant does not have a lawyer

**[FILING PARTY DETAILS AS IN FORM 4]**

Form 15 Application for summary judgment (r.9.6)

**[HEADING AS IN FORM 1 or 2]**

**APPLICATION FOR SUMMARY JUDGMENT**

DATE OF FIRST HEARING \_\_\_\_\_ **YOU MUST ATTEND COURT ON THIS DATE**

\_\_\_\_\_ of \_\_\_\_\_  
Claimant's name Claimant's address

applies for summary judgment against the defendant.

The applicant believes the defendant has no real prospects of defending the applicant's claim because:

set out reasons in numbered paragraphs

- 1.
- 2.
- 3.

\_\_\_\_\_  
Signature of applicant's lawyer, or applicant if claimant does not have a lawyer

**[FILING PARTY DETAILS AS IN FORM 4]**

Form 16 Offer to settle claim (r.9.7)

**[HEADING AS IN FORM 1]**

**OFFER TO SETTLE CLAIM**

The \_\_\_\_\_ offers to settle this claim.

If for money settlement:

1. by \_\_\_\_\_ VT \_\_\_\_\_ .  
accepting OR paying insert amount

This amount includes VT \_\_\_\_\_ for interest and \_\_\_\_\_ VT \_\_\_\_\_  
insert amount includes OR does not include insert amount

for costs.

2. VT \_\_\_\_\_ is to be paid by \_\_\_\_\_  
insert amount insert date OR if by instalments, state how amount is to be paid

3. The \_\_\_\_\_ has \_\_\_\_\_ days from the date below to accept this offer.  
Claimant or defendant number of days

AND / OR

If for settlement other than money:

4. by \_\_\_\_\_  
set out details of offer

5. \_\_\_\_\_ is to be done by \_\_\_\_\_  
set out what is to be done date

6. The \_\_\_\_\_ has \_\_\_\_\_ from the date below to accept this offer.  
Claimant or Defendant number of days

Signed by the \_\_\_\_\_ lawyer at \_\_\_\_\_  
Claimant's or Defendant's Place

on \_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Claimant's / Defendant's lawyer

4. To accept this offer, sign below, file this with the court and notify the other party.

Signed by the \_\_\_\_\_ lawyer at \_\_\_\_\_  
Claimant's or Defendant's Place

on \_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Claimant's / Defendant's lawyer

Filed on \_\_\_\_\_  
date of filing

(Seal of court)

Form 17 Application for judgment, settlement (r.9.7)

**[HEADING AS IN FORM 1]**

**APPLICATION FOR JUDGMENT (SETTLEMENT)**

DATE OF FIRST HEARING \_\_\_\_\_ **YOU MUST ATTEND COURT ON THIS DATE**

\_\_\_\_\_  
Claimant's name

of

\_\_\_\_\_  
Claimant's address

applies for judgment against the \_\_\_\_\_ on the ground that:  
defendant or claimant

1. the claimant and defendant agreed to settle this proceeding as set out in the attached settlement form filed on \_\_\_\_\_.  
date of filing settlement form

2. the \_\_\_\_\_ has not paid as agreed in the settlement form.  
defendant or claimant

OR

3. the \_\_\_\_\_ has not complied with the terms of the settlement form.  
defendant or claimant

\_\_\_\_\_  
Signature of claimant/defendant's lawyer, OR  
signature of claimant/defendant if claimant/defendant does not have a lawyer

**[FILING PARTY DETAILS AS IN FORM 4]**

Form 18 Notice of discontinuance (r.9.9)

**[HEADING AS IN FORM 1 or 2]**

**NOTICE OF DISCONTINUANCE**

TO \_\_\_\_\_  
name of defendant

The claimant has discontinued this proceeding against you.

\_\_\_\_\_  
Signature of claimant's lawyer, or claimant if applicant does not have a lawyer

**[FILING PARTY DETAILS AS IN FORM 4]**

Form 19 Certificate of telephone evidence (r.11.8)

**[HEADING AS IN FORM 1 or 2]**

**CERTIFICATE OF TELEPHONE EVIDENCE**

I \_\_\_\_\_ of \_\_\_\_\_  
name of magistrate, police officer or chief address  
certify that:

1. I was present when \_\_\_\_\_ gave evidence by telephone at  
name of witness  
\_\_\_\_\_ on \_\_\_\_\_ at \_\_\_\_\_.  
place evidence given date evidence given time

2. \_\_\_\_\_ is personally known to me.  
name of witness

3. \_\_\_\_\_ seemed to give the evidence freely.  
name of witness

Signed by \_\_\_\_\_ )  
\_\_\_\_\_)  
\_\_\_\_\_)  
name of magistrate, police officer or chief signature  
at \_\_\_\_\_  
place  
on \_\_\_\_\_  
date

**BEFORE ME**

Signed by \_\_\_\_\_ )  
\_\_\_\_\_)  
\_\_\_\_\_)  
name and address of witness Witness' signature

**[FILING PARTY DETAILS AS IN FORM 4]**

Form 20 Summons to give evidence and produce documents (r.11.4)

**[HEADING AS IN FORM 1 or 2]**

**SUMMONS TO GIVE EVIDENCE AND PRODUCE DOCUMENTS**

**TO** \_\_\_\_\_ of \_\_\_\_\_  
name of person summoned address

You must attend the \_\_\_\_\_ Court at \_\_\_\_\_  
Supreme OR Magistrates place  
on \_\_\_\_\_ at \_\_\_\_\_  
date time

1. to give evidence in this proceeding at the request of \_\_\_\_\_  
name of party issuing summons

**AND / OR**

2. you must bring the following documents and / or objects with you:

list documents and objects

Seal of court

\_\_\_\_\_  
Signature of judge / magistrate

\_\_\_\_\_  
date

**WARNING:** If you do not come to court, you may be arrested, brought to court and fined or put in prison.

\_\_\_\_\_

Form 21 Enforcement order (r.14.2)

**[HEADING AS IN FORM 1 or 2]**

**ENFORCEMENT ORDER**

**THE COURT ORDERS THAT:**

\_\_\_\_\_ must:  
Name of enforcement debtor

Set out details of order in numbered paragraphs

1.

2.

**[COURT SEAL + SIGNATURE AS IN FORM 20]**

Form 22 Enforcement warrant (money order) (r.14.2)

**[HEADING AS IN FORM 1 or 2]**

**ENFORCEMENT WARRANT (MONEY ORDER)**

**TO:** \_\_\_\_\_, \_\_\_\_\_  
Name of enforcement officer title of enforcement officer

Name of enforcement debtor:

Enforcement debtor's address:

Amount recoverable under this warrant:

Debt:	VT
Interest:	VT
Enforcement costs:	VT _____
Total:	VT _____

**YOU are authorised to:**

Set out details of actions authorised under warrant in numbered paragraphs

- 1.
- 2.

This warrant ends on \_\_\_\_\_  
Date warrant ends

**[COURT SEAL + SIGNATURE AS IN FORM 20]**

\_\_\_\_\_

Form 23 Enforcement warrant (non-money order) (r.14.2)

**[HEADING AS IN FORM 1 or 2]**

**ENFORCEMENT WARRANT (NON-MONEY ORDER)**

**TO:** \_\_\_\_\_, \_\_\_\_\_  
Name of enforcement officer title of enforcement officer

Name of enforcement debtor:

Enforcement debtor's address:

**YOU are authorised to:**

Set out details of actions authorised under warrant in numbered paragraphs

- 1.
- 2.

This warrant ends on \_\_\_\_\_  
Date warrant ends

**[COURT SEAL + SIGNATURE AS IN FORM 20]**

Form 24 Summons to attend enforcement conference and produce documents (money order) (r.14.3)

**[HEADING AS IN FORM 1 or 2]**

**SUMMONS TO ATTEND ENFORCEMENT CONFERENCE AND PRODUCE DOCUMENTS  
(MONEY ORDER)**

**TO** \_\_\_\_\_ of \_\_\_\_\_  
name of person summoned address  
 The \_\_\_\_\_ Court made an enforcement order against you on \_\_\_\_\_.  
Supreme OR Magistrates date order made  
 You must attend the \_\_\_\_\_ Court at \_\_\_\_\_  
Supreme OR Magistrates place  
 on \_\_\_\_\_ at \_\_\_\_\_  
date time

1. to say how you will comply with the enforcement order.
2. you must bring with you sufficient documents to enable you to give a fair and accurate picture of your financial circumstances.

**[COURT SEAL + SIGNATURE AS IN FORM 20]**

**WARNING:** If you do not come to court, you may be arrested, brought to court and fined or put in prison.

Form 25 Application for enforcement warrant (r.14.12)

**[HEADING AS IN FORM 1 or 2]**

**APPLICATION FOR ENFORCEMENT WARRANT**

\_\_\_\_\_ of \_\_\_\_\_  
Applicant's name Applicant's address  
 applies for an enforcement warrant against \_\_\_\_\_ on the grounds that:  
name of enforcement debtor or person against enforcement order made

1. An enforcement order was issued by the \_\_\_\_\_ court on \_\_\_\_\_.  
Supreme OR Magistrates date  
 requiring \_\_\_\_\_ to do the following:  
name of enforcement debtor OR person against whom enforcement order made

set out details of enforcement order

2. The enforcement debtor has not complied with the order

\_\_\_\_\_  
Signature of applicant's lawyer, OR  
signature of applicant if applicant does not have a lawyer

**[FILING PARTY DETAILS AS IN FORM 4]**

Form 26 Notice about redirection of earnings (r.14.29)

**[HEADING AS IN FORM 1 or 2]**

**NOTICE ABOUT REDIRECTION OF EARNINGS**

**TO:** \_\_\_\_\_ of \_\_\_\_\_  
Name of employer address of employer's place of business

1. The \_\_\_\_\_ Court has issued an enforcement warrant for the redirection of the  
Supreme OR Magistrates

earnings of \_\_\_\_\_ who is employed by you.  
name of enforcement debtor

2. The warrant has been served on you.

3. Under the warrant, you must:

(a) deduct the amount stated in the warrant from the earnings of \_\_\_\_\_  
name of enforcement debtor  
(unless the amount remaining to be paid is less); and

(b) pay that amount to \_\_\_\_\_ whose name is in the warrant.  
name of enforcement creditor

However, if the deduction amount would leave \_\_\_\_\_ with less  
name of enforcement debtor  
than \_\_\_\_\_ in take-home pay, you must deduct only what will leave  
amount of take-home pay fixed by court

him / her with \_\_\_\_\_ in take-home pay.  
amount of take-home pay fixed by court

4. If you are not the employer of \_\_\_\_\_, or stop being  
name of enforcement debtor

his / her employer, you must notify the \_\_\_\_\_ Court as soon as practicable.  
Supreme OR Magistrates

\_\_\_\_\_  
Signature of enforcement creditor's lawyer, OR  
signature of enforcement creditor if enforcement creditor does not have a lawyer

**[FILING PARTY DETAILS AS IN FORM 4]**

Form 27 Summons under enforcement order (non-money) (r.14.37)

[HEADING AS IN FORM 1 or 2]

**SUMMONS TO ATTEND ENFORCEMENT CONFERENCE AND PRODUCE DOCUMENTS  
(NON-MONEY ORDER)**

**TO** \_\_\_\_\_ of \_\_\_\_\_  
name of person summoned address  
**The** \_\_\_\_\_ Court made an enforcement order against you on \_\_\_\_\_.  
Supreme OR Magistrates date order made  
**You must attend the** \_\_\_\_\_ Court at \_\_\_\_\_  
Supreme OR Magistrates place  
**on** \_\_\_\_\_ **at** \_\_\_\_\_  
date time

to say how you will comply with the enforcement order.

You must bring with you sufficient documents to enable you to tell the court how you propose to comply with the enforcement order.

[COURT SEAL + SIGNATURE AS IN FORM 20]

**WARNING:** If you do not come to court, you may be arrested, brought to court and fined or put in prison.

\_\_\_\_\_

Form 28 Claim for release (r.16.4)

[HEADING AS IN FORM 1]

**CLAIM FOR RELEASE**

**Date of filing:** \_\_\_\_\_  
**Filed by:** \_\_\_\_\_  
**Address for Service** \_\_\_\_\_  
name and address of Claimant's lawyer OR  
Claimant's name and address, if claimant does  
not have a lawyer

The claimant claims the release of \_\_\_\_\_ on the grounds:  
Name of person being held unlawfully

Set out details of claim in numbered paragraphs

- 1.
- 2.

Signed by or on behalf of the Claimant	)	
at _____	)	
Place _____	)	Signature of claimant OR person on behalf of
on _____	)	the claimant
Date _____		

Form 29 Certificate of account (r.19.13)

**[HEADING AS IN FORM 1 or 2]**

**CERTIFICATE OF ACCOUNT**

I \_\_\_\_\_ of \_\_\_\_\_  
name of accounting party address  
certify that:

1. The account of \_\_\_\_\_ has been taken in accordance with the order  
state transactions  
of the Supreme Court dated \_\_\_\_\_  
date of order

2. A copy of the account is attached.

Signed by \_\_\_\_\_ )  
\_\_\_\_\_)  
\_\_\_\_\_)  
name of person taking account signature

at \_\_\_\_\_  
place  
on \_\_\_\_\_  
date

**BEFORE ME**

Signed by \_\_\_\_\_ )  
\_\_\_\_\_)  
\_\_\_\_\_)  
name and address of witness Witness' signature

Form 30 Claim for Domestic Violence Protection Order (r.16.16)

[HEADING AS IN FORM 1 or 2]

**CLAIM FOR DOMESTIC VIOLENCE PROTECTION ORDER**

- a) Non violence
- b) Exclusive occupation
- c) Non Molestation

I, .....  
(Write the full name of the applicant here)  
of .....  
(Write the applicant's address)

**APPLY** for the following orders (delete as appropriate)

- (a) Non Violence
- (b) Exclusive Occupation of the home situated at .....  
(Give full address)
- (c) Non Molestation Order
- (d) Costs

**FOR:**

- a) Myself
- b) A Child/Children of the Family

Give name(s): .....

.....

**MY GROUNDS** are set out in the sworn statement attached.

DATED

Signed:

I, .....of.....

**AGREE** to obey any order this Court may make against me for costs or damages if the Court finds that I should not have made this application.

.....  
Signed by the claimant

Form 31 Sworn Statement (Domestic Violence) (r.16.16)

**[HEADING AS IN FORM 1 or 2]**

**SWORN STATEMENT OF**

.....  
Name of person making statement

I ..... (Write your full name)

of: ..... (Write your full address)

swear the following is true: -

1. I am the Claimant.
2. I am applying on behalf of myself and/or the following child/children of the Family:  
(Cross out the words that do not apply)  
(Write the names of the child or children on the lines below)

.....  
.....

3. The Defendant and I are members of the same family. The defendant is:  
(State the relationship between yourself and the defendant on the line below)

.....

4. The home where I/ and the children (Cross out if you are only applying for yourself)

live is at: .....

5. The defendant lives: (If the defendant lives with you write WITH US)

.....

If the defendant lives somewhere else write where this is:

.....

6. My work is: .....

7. If you have been to see a doctor or have taken any of the children to see a doctor because of what happened you should tick the box and staple or clip the doctor's note to this form.

☐

8. I believe I need these orders for my/our protection (Cross out OUR if you are just applying for yourself)

9. Write down what happened and what the respondent has done or has threatened to do to make you ask the court to help you

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

(continue on separate handwritten paper if necessary)

**[JURAT ETC AS IN FORM 3]**

Form 32 Order (Domestic Violence) (r.16.17)

**[HEADING AS IN FORM 1 or 2]**

**ORDER (DOMESTIC VIOLENCE)**

- a) Non violence
- b) Exclusive occupation
- c) Non Molestation

**ON**..... **THE COURT** heard an application from ..... (Claimant)  
date of hearing name of claimant

and **READING** the Documents placed before the court, the **COURT MAKES THE**

**FOLLOWING ORDER(S)** against the Defendant: -

Set out details of orders

**THE COURT ORDERS** that .....(insert name) must serve this order on the Defendant .....(insert name) and .....(insert name) must serve a copy on the Police. If the Defendant .....(Insert name) does not obey all of these orders then the police must arrest him/her and bring him/her to court as quickly as possible.

**WARNING TO THE DEFENDANT**

If you do not obey these orders then you can be arrested. You will then be brought before the court and may be fined and/or sent to prison.

(If the order was made without the defendant being present)

The next hearing of this matter is on:.....  
date of hearing

**YOU MUST ATTEND**

If you disagree with this order you should go to the court and ask for an earlier hearing date.

DATED

**Signed:**  
**Magistrate/Supreme Court Judge.**

Form 33 Appeal (r.16.28)

**IN THE COURT OF CIVIL APPEAL CASE NO OF**  
**THE REPUBLIC OF VANUATU**  
**(CIVIL JURISDICTION)**

**BETWEEN**

\_\_\_\_\_  
Appellant's name

\_\_\_\_\_  
Appellant's lawyer's name or Appellant's address

**AND**

\_\_\_\_\_  
Defendant's name

\_\_\_\_\_  
Defendant's lawyer's name or Defendant's address

**APPEAL**

\_\_\_\_\_  
Appellant's name of \_\_\_\_\_  
Appellant's address appeal for:

Set out details of appeal in numbered paragraphs

- 1.
- 2.

**on the grounds that:**

set out reasons for making appeal in numbered paragraphs

- 1.
- 2.

\_\_\_\_\_  
Signature of applicant's lawyer, or applicant if applicant does not have a lawyer

**[FILING PARTY DETAILS AS IN FORM 4]**

Form 34 Claim for judicial review (r.17.4)

[HEADING AS IN FORM 1]

# CLAIM FOR JUDICIAL REVIEW

**Date of filing:** \_\_\_\_\_  
**Filed by:** \_\_\_\_\_  
**Address for Service** \_\_\_\_\_

name and address of Claimant's lawyer OR  
 Claimant's name and address, if claimant does  
 not have a lawyer

The Claimant claims

a declaration that \_\_\_\_\_ is of no effect  
name of enactment

OR

a mandatory order requiring \_\_\_\_\_ to  
name of person  
 \_\_\_\_\_  
set out desired action

OR

an order prohibiting \_\_\_\_\_ from  
name of person  
 \_\_\_\_\_  
set out action to be prohibited

OR

a quashing order that \_\_\_\_\_ by  
describe decision  
 \_\_\_\_\_ is quashed.  
name of person who made decision

Set out grounds supporting claim in numbered paragraphs:

- 1.
- 2.
- 3.

Signed by the Claimant OR Claimant's lawyer	)	
at _____	)	
Place _____	)	Signature of claimant OR claimant's lawyer
on _____	)	
Date _____	)	

Form 35 Notice of beginning or ceasing to act (r.18.8)

**[HEADING AS IN FORM 1 or 2]**

**NOTICE OF BEGINNING/CEASING TO ACT**

I, \_\_\_\_\_  
Lawyer's name  
of \_\_\_\_\_  
name and address of firm

have \_\_\_\_\_ to act for the \_\_\_\_\_ in this proceeding.  
begun OR ceased Claimant OR Defendant

\_\_\_\_\_  
Signature of lawyer

**[FILING PARTY DETAILS AS IN FORM 4]**

Form 36 General warrant (r.18.15)

**[HEADING AS IN FORM 1 or 2]**

**GENERAL WARRANT**

**TO:** \_\_\_\_\_,  
Name of enforcement officer title of enforcement officer

Name of person against whom warrant issued:

Address of person against whom order made:

**YOU are authorised to:**

Set out details of actions authorised under warrant in numbered paragraphs

1.

2.

This warrant ends on \_\_\_\_\_  
Date warrant ends

**[SEAL + SIGNATURE AS IN FORM 20]**

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Form 1 Constitutional Application (r.2.2)

**IN THE SUPREME COURT OF  
THE REPUBLIC OF VANUATU  
(CIVIL JURISDICTION)**

**CIVIL CASE NO                      OF**

**BETWEEN**

\_\_\_\_\_  
Applicant's name

\_\_\_\_\_  
Applicant's lawyer's name or Claimant's address

**AND**

\_\_\_\_\_  
Respondent's name

\_\_\_\_\_  
Respondent's lawyer's name or Respondent's address

**CONSTITUTIONAL APPLICATION**

\_\_\_\_\_  
Applicant's name

of \_\_\_\_\_ applies for:

\_\_\_\_\_  
Applicant's address

Set out details of application in numbered paragraphs

1.

2.

**on the grounds that:**

set out reasons for making the Constitutional Application in numbered paragraphs

1.

2.

**I seek the following remedies:**

Set out the remedies sought

Signed by the Applicant OR Applicant's lawyer

at

\_\_\_\_\_  
Place

\_\_\_\_\_  
Applicant's signature OR applicant's

on

\_\_\_\_\_  
Date

lawyer's signature

**Date of filing:**

**Filed by:**

The Applicant's address for service is:

\_\_\_\_\_  
\_\_\_\_\_  
name and address of applicant's lawyer OR  
Applicant's name and address, if applicant does not have a lawyer

Form 2 Sworn Statement (rr.2.3, 3.6, 4.3, 4.6)

**[HEADING AS IN FORM 1]**

**SWORN STATEMENT**

I, \_\_\_\_\_ of \_\_\_\_\_, swear the following is true:  
name of person making statement address and occupation

1.

2.

3.

**SWORN by**

)  
)  
)

\_\_\_\_\_  
name of person making statement

\_\_\_\_\_  
signature of person making statement

on \_\_\_\_\_  
date

**BEFORE ME**

\_\_\_\_\_  
Signature of witness  
Commissioner for Oaths OR Notary Public

\_\_\_\_\_

Form 3 Response (rr.2.8, 4.8)

**[HEADING AS IN FORM 1]**

**RESPONSE**

Set out details of defence in numbered paragraphs

1.

2.

3.

**[SIGNATURE AND FILING PARTY DETAILS AS IN FORM 1]**

Form 4 Summons (rr.2.9.4.9)

**[HEADING AS IN FORM 1]**

**SUMMONS TO ATTEND COURT, DISCLOSE DOCUMENTS AND INFORMATION,  
PRODUCE DOCUMENTS AND OBJECTS**

**TO** \_\_\_\_\_ of \_\_\_\_\_  
name of person summoned address

You must attend the Supreme Court at \_\_\_\_\_  
place

on \_\_\_\_\_ at \_\_\_\_\_  
date time

1. to give evidence in this proceeding at the request of \_\_\_\_\_  
name of party issuing summons

**AND / OR**

2. you must disclose the following documents and information:

(describe documents and information)

**AND / OR**

3. you must bring the following documents and/or objects with you:

(describe documents and objects)

Seal of Supreme Court

\_\_\_\_\_  
Signature of judge

\_\_\_\_\_  
date

**WARNING:** If you do not come to court, you may be arrested, brought to court and fined or put in prison.

Form 5 Referral (r.3.2)

**[HEADING AS IN FORM 1 or 2]**

## REFERRAL

1. I. \_\_\_\_\_  
Name of President  
the President of the Republic of Vanuatu, refer \_\_\_\_\_  
provisions  
of \_\_\_\_\_  
title of Bill or Regulation  
to the Supreme Court because I consider they are inconsistent with Articles  
\_\_\_\_\_ of the Constitution of Vanuatu.  
list Articles

2. I consider those provisions are inconsistent with those Articles of the Constitution because:

set out reasons for inconsistency

3. I consider those provisions are / are not severable because:

set out reasons why provisions are/are not severable

If the provisions are considered severable

4. I consider that

\_\_\_\_\_

list provisions that may remain

of the Bill/Regulation may remain because:

set out reasons

\_\_\_\_\_

Signature of President

\_\_\_\_\_

date

Form 6 Complaint (r.4.2)

**[HEADING AS IN FORM 1]**

**COMPLAINT**

1. I. \_\_\_\_\_ of \_\_\_\_\_,  
Name of citizen making complaint citizen's address  
A citizen of Vanuatu, make this complaint about \_\_\_\_\_  
Provision and name of Regulation

2. I consider these Regulations / part of these Regulations are invalid because they are inconsistent with the operation of Articles \_\_\_\_\_ of the Constitution  
List articles

AND/OR

2. I consider these Regulations are invalid because of the following defects in making the Regulations:

List defects

3. The reasons why the Regulations are invalid are:

Give reasons why Regulations are invalid

4. I consider that those parts of the Regulations are severable and that the remaining provisions of the Regulations are valid

List the valid provisions of the regulations

\_\_\_\_\_  
Signature of Complainant

\_\_\_\_\_  
date

Section 59(4)

**[HEADING AS IN ELECTION DISPUTE]**

The Representation of the People Act, Cap. 146

SUMMONS TO A WITNESS TO APPEAR BEFORE THE SUPREME  
COURT IN THE HEARING OF AN ELECTION DISPUTE

TO

of (address)

**YOU ARE HEREBY SUMMONED**

to appear and give evidence before the SUPREME COURT

inquiring into the petition of (name)

(address)

\*a candidate/registered elector concerning the election

of (name) to Parliament

on (date of his election by announcement of Electoral Commission)

\*AND to bring with you (specify books, documents, etc.)

GIVEN under the hand of the Registrar or on his behalf

the day of 20 .

---

Registrar Supreme Court

*\*delete whichever is not applicable*

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Form 1 Petition (rr.2.2, 2.3)

IN THE SUPREME COURT OF  
THE REPUBLIC OF VANUATU  
(CIVIL JURISDICTION)

CIVIL CASE NO OF

BETWEEN

\_\_\_\_\_  
Petitioner's name

\_\_\_\_\_  
Petitioner's lawyer's name or Petitioner's address

AND

\_\_\_\_\_  
Respondent's name

\_\_\_\_\_  
Respondent's lawyer's name or Respondent's address

### ELECTION PETITION

1. I, \_\_\_\_\_ of \_\_\_\_\_,  
*petitioner's name* *petitioner's address*

was registered to vote at the election held on \_\_\_\_\_  
*date of election*

OR

was a candidate at the election held on \_\_\_\_\_  
*date of election*

2. I claim that \_\_\_\_\_ was not validly  
*name of person whose election is disputed*

elected for the seat of \_\_\_\_\_ at that  
*name of seat*  
election because:

*Set out details of grounds on which election is disputed, in numbered paragraphs*

1.

2.

AND/OR

2. I claim that \_\_\_\_\_ has vacated his/her  
*name of person whose election is disputed*

seat of \_\_\_\_\_  
*name of seat*

OR

2. I claim that \_\_\_\_\_ has become  
*name of person whose election is disputed*

disqualified from holding his/her seat of \_\_\_\_\_  
*name of seat*

because:

*Set out details of grounds on which election is disputed, in numbered paragraphs*

1.

2.

3. The facts on which this petition is based are:

*Set out the facts, in numbered paragraphs*

1.

2.

4. I seek the following remedies:

*Set out the remedies sought*

Signed by the petitioner OR  
petitioner's lawyer

at \_\_\_\_\_  
Place

\_\_\_\_\_  
petitioner's signature OR petitioner's lawyer's  
signature

on \_\_\_\_\_  
Date

**Date of filing:** \_\_\_\_\_ **Filed by:** \_\_\_\_\_

The petitioner's address for service is:

\_\_\_\_\_  
\_\_\_\_\_  
*name and address of petitioner's lawyer OR  
petitioner's name and address, if petitioner does  
not have a lawyer*

Form 2 Sworn Statement (rr.2.2. 3.3)

**[HEADING AS IN FORM 1]**

**SWORN STATEMENT**

I, \_\_\_\_\_ of \_\_\_\_\_, swear the following is true:  
name of person making statement address and occupation

1.

2.

3.

**SWORN by**

)  
)  
)

\_\_\_\_\_  
name of person making statement

\_\_\_\_\_  
signature of person making statement

on \_\_\_\_\_  
date

**BEFORE ME**

\_\_\_\_\_  
Signature of witness  
Commissioner for Oaths OR Notary Public

\_\_\_\_\_

Form 3 Response (rr.2.8, 3.7)

**[HEADING AS IN FORM 1]**

**RESPONSE**

Set out details of response in numbered paragraphs

1.

2.

3.

**[SIGNATURE AND FILING PARTY DETAILS AS IN FORM 1]**

Form 4 Summons (r.3.8)

**[HEADING AS IN FORM 1]**

**SUMMONS TO ATTEND COURT, DISCLOSE DOCUMENTS AND INFORMATION,  
PRODUCE DOCUMENTS AND OBJECTS**

**TO** \_\_\_\_\_ of \_\_\_\_\_  
name of person summoned address

You must attend the Supreme Court at \_\_\_\_\_  
place

on \_\_\_\_\_ at \_\_\_\_\_  
date time

1. to give evidence in this proceeding at the request of \_\_\_\_\_  
name of party issuing summons

**AND / OR**

2. you must disclose the following documents and information:

(describe documents and information)

**AND / OR**

3. you must bring the following documents and/or objects with you:

(describe documents and objects)

Seal of Supreme Court

\_\_\_\_\_  
Signature of judge

\_\_\_\_\_  
date

**WARNING:** If you do not come to court, you may be arrested, brought to court and fined or put in prison.

Form 1 Application for Probate (r.2.2)

**IN THE SUPREME COURT OF  
THE REPUBLIC OF VANUATU  
(CIVIL JURISDICTION)**

**PROBATE CASE NO. P OF**

**IN THE ESTATE OF**

\_\_\_\_\_  
Deceased's name

\_\_\_\_\_  
Applicant's name

\_\_\_\_\_  
Applicant's lawyer's name

**APPLICATION FOR PROBATE**

In the estate of \_\_\_\_\_ late of \_\_\_\_\_ ,  
deceased's name last address, occupation

who died on \_\_\_\_\_  
date of death

1. I, \_\_\_\_\_ apply for probate of the will dated \_\_\_\_\_.  
[and codicils dated \_\_\_\_\_] of the above deceased to be granted to  
\_\_\_\_\_, the executors named in the will [and codicils].  
names of executors

[If not all executors are applying:]

2. I am applying for probate because \_\_\_\_\_  
give reasons

3. The address for service of documents is: \_\_\_\_\_  
applicant's address or applicant's lawyer's address

\_\_\_\_\_  
Signature of applicant

\_\_\_\_\_  
date

\_\_\_\_\_  
name and address of petitioner's lawyer OR  
petitioner's name and address, if petitioner does  
not have a lawyer

Form 2 Sworn Statement (r.2.2)

**[HEADING AS IN FORM 1]**

**SWORN STATEMENT**

I, \_\_\_\_\_ of \_\_\_\_\_, swear the following is true:  
name of person making statement address and occupation

1. The document dated \_\_\_\_\_ signed in the margin by me and by the person before whom this sworn statement is made is, I believe, the last will of the deceased.
2. I am [the/an] executor named in the will and I have reached 18 years of age.
3. I believe the will has not been revoked.
4. I do not know of any other later will.
5. The will came into my possession \_\_\_\_\_.  
state how will came into person's possession
6. The witnesses to the will are \_\_\_\_\_ and \_\_\_\_\_  
name of first witness  
name of second witness

[If there are other executors:]

7. The other executors named in the will are \_\_\_\_\_

[If all executors are not applying for probate:]

8. \_\_\_\_\_ are not applying for probate.  
names of executors not applying

9. The deceased died on \_\_\_\_\_.  
date of death

10. I believe the deceased is \_\_\_\_\_ referred to in  
name as in death certificate or other proof of death  
the death certificate or other proof of death attached and marked "A".

11. The deceased did not marry after the will was made.
12. The deceased had reached 18 years of age when the will was made.
13. The deceased left property in Vanuatu.

OR

13. I believe the deceased was at the time of death domiciled in Vanuatu. I believe this because \_\_\_\_\_.  
reasons for believing this

14. An inventory of all property of the deceased that I now know about is attached and marked "B". If I find out about any other property of the deceased I will tell the court about it.
15. The estate has an estimated gross value of VT \_\_\_\_\_ .  
value of estate
16. If the Court grants probate to me I will administer the estate according to law and I will give a true account of my administration to the Court if it asks me to.
17. I realise that if I do not administer the estate according to law I may be liable to a fine or imprisonment.

**SWORN by**

)  
)  
)

\_\_\_\_\_  
name of person making statement

\_\_\_\_\_  
signature of person making statement

on \_\_\_\_\_

date

**BEFORE ME**

\_\_\_\_\_  
Signature of witness

Commissioner for Oaths OR Notary Public

**ATTACHMENT B**

Inventory of property of the estate of \_\_\_\_\_

name of deceased

of \_\_\_\_\_ deceased.

last address and occupation

**DESCRIPTION**

Description sufficient to identify property

**ESTIMATED OR KNOWN VALUE**

VT

amount

**TOTAL VT**

Form 3 Application for Administration (r.2.3)

**[HEADING AS IN FORM 1]**

**APPLICATION FOR ADMINISTRATION**

In the estate of \_\_\_\_\_ late of \_\_\_\_\_ ,  
deceased's name last address, occupation

who died on \_\_\_\_\_  
date of death

1. I, \_\_\_\_\_ apply for administration of the estate of the  
Applicant's name

above deceased be given to me.

2. I am applying for administration because \_\_\_\_\_  
give reasons

3. The address for service of documents is: \_\_\_\_\_  
applicant's address or applicant's lawyer's address

\_\_\_\_\_  
Signature of applicant

\_\_\_\_\_  
date

Form 4 Sworn Statement - Administration (r.2.2)

**[HEADING AS IN FORM 1]**

**SWORN STATEMENT - ADMINISTRATION**

I, \_\_\_\_\_ of \_\_\_\_\_, swear the following is true:  
name of person making statement address and occupation

1. The deceased died on \_\_\_\_\_ .  
date of death
2. I am applying for administration because \_\_\_\_\_  
give reasons
3. I know of no valid will left by the deceased.
4. I believe the deceased is \_\_\_\_\_ referred to in  
name as in death certificate or other proof of death  
the death certificate or other proof of death attached and marked "A".
5. The persons entitled to the deceased's property are:  
\_\_\_\_\_  
give details of persons entitled and relationship, attaching birth etc certificates as necessary
6. The deceased left property in Vanuatu.  
  
OR
6. I believe the deceased was at the time of death domiciled in Vanuatu. I believe this  
because \_\_\_\_\_  
reasons for believing this
7. An inventory of all property of the deceased that I now know about is attached and  
marked "B". If I find out about any other property of the deceased I will tell the court  
about it.
8. The estate has an estimated gross value of VT \_\_\_\_\_ .  
value of estate
9. If the Court grants administration to me I will administer the estate according to law  
and I will give a true account of my administration to the Court if it asks me to.
10. I realise that if I do not administer the estate according to law I may be liable to a fine  
or imprisonment.

**[JURAT ETC AS IN FORM 2]**

**ATTACHMENT B**

Inventory of property of the estate of \_\_\_\_\_

of \_\_\_\_\_  
name of deceased  
last address and occupation deceased.

DESCRIPTION

ESTIMATED OR KNOWN VALUE

Description sufficient to identify property

VT  
amount

TOTAL VT

Form 5 Application for Administration with the will annexed (r.2.4)

**[HEADING AS IN FORM 1]**

**APPLICATION FOR ADMINISTRATION WITH THE WILL ANNEXED**

In the estate of \_\_\_\_\_ late of \_\_\_\_\_,  
deceased's name last address, occupation

who died on \_\_\_\_\_  
date of death

1. I, \_\_\_\_\_ apply for probate of the will dated \_\_\_\_\_.

[and codicils dated \_\_\_\_\_] of the above deceased to be granted to  
names of executors, the executors named in the will [and codicils].

2. I am applying for administration because \_\_\_\_\_  
give reasons

3. The address for service of documents is: \_\_\_\_\_  
applicant's address or applicant's lawyer's address

\_\_\_\_\_  
 Signature of applicant

\_\_\_\_\_  
 date

Form 6 Sworn Statement – Administration with the will annexed (r.2.4)

**[HEADING AS IN FORM 1]**

**SWORN STATEMENT - ADMINISTRATION WITH THE WILL ANNEXED**

I, \_\_\_\_\_ of \_\_\_\_\_, swear the following is true:  
name of person making statement address and occupation

1. The document dated \_\_\_\_\_ signed in the margin by me and by the person before whom this sworn statement is made is, I believe, the last will of the deceased.

2. I am [the/an] executor named in the will and I have reached 18 years of age.

[If applicant is a beneficiary]

3. I am a beneficiary named in the will.

OR

[If applicant is a creditor]

3. I am a creditor of the deceased because \_\_\_\_\_  
give reasons

OR

[If applicant is applying for another reason]

3. I am applying for administration because \_\_\_\_\_  
give reasons

4. I believe the will has not been revoked.

5. I do not know of any other later will.

6. The will came into my possession \_\_\_\_\_.  
state how will came into person's possession

7. The witnesses to the will are \_\_\_\_\_ and \_\_\_\_\_  
name of first witness  
name of second witness

8. The executors named in the will are \_\_\_\_\_

9. The executors are not applying for probate because \_\_\_\_\_.

10. The deceased died on \_\_\_\_\_.  
date of death

11. I believe the deceased is \_\_\_\_\_ referred to in  
name as in death certificate or other proof of death  
the death certificate or other proof of death attached and marked "A".

12. The deceased did not marry after the will was made.

13. The deceased had reached 18 years of age when the will was made.

14. The deceased left property with Vanuatu.

OR

14. I believe the deceased was at the time of death domiciled in Vanuatu. I believe this because \_\_\_\_\_.  
reasons for believing this
15. An inventory of all property of the deceased that I now know about is attached and marked "B". If I find out about any other property of the deceased I will tell the court about it.
16. The estate has an estimated gross value of VT \_\_\_\_\_ .  
value of estate
17. If the Court grants administration to me I will administer the estate according to law and I will give a true account of my administration to the Court if it asks me to.

OR

[If administration being granted for a limited purpose]

17. If the court grants administration to me for \_\_\_\_\_ ,  
purpose  
I will administer the estate for that purpose according to law and I will give a true account of my administration to the court if it asks me to.
18. I realise that if I do not administer the estate [for that purpose] according to law I may be liable to a fine or imprisonment.

**[JURAT ETC AS IN FORM 2]**

**ATTACHMENT B**

Inventory of property of the estate of \_\_\_\_\_  
name of deceased  
of \_\_\_\_\_ deceased.  
last address and occupation

DESCRIPTION

ESTIMATED OR KNOWN VALUE

Description sufficient to identify property

VT  
amount

TOTAL VT

Form 7 Advertisement (r.2.5)

### ADVERTISEMENT

\_\_\_\_\_ of \_\_\_\_\_  
name of deceased last address, occupation

died on \_\_\_\_\_ .  
date of death

\_\_\_\_\_ is applying for probate / administration  
name of person applying for probate/administration

of his/her estate. This means the right to distribute \_\_\_\_\_ property.  
name of deceased

Anyone who is opposed to probate/administration being granted to \_\_\_\_\_  
name of person applying  
must file a response in the Supreme Court before \_\_\_\_\_.  
28 days after last broadcast

If no-one does this, the court will give the right to \_\_\_\_\_  
name of person applying

Anyone who thinks they are entitled to any property of \_\_\_\_\_  
name of deceased  
or who thinks \_\_\_\_\_ owed them money, should  
name of deceased

contact \_\_\_\_\_ at \_\_\_\_\_.  
name of person applying person's address or their lawyer's address

This notice is authorised by \_\_\_\_\_.

Form 8 Sworn Statement – Advertisement if no response filed (r.2.6)

**[HEADING AS IN FORM 1]**

**SWORN STATEMENT**

I, \_\_\_\_\_ of \_\_\_\_\_, swear the following is true:  
name of person making statement address and occupation

1. I am applying for \_\_\_\_\_ of the estate of  
probate OR administration

\_\_\_\_\_ of \_\_\_\_\_ .  
name of deceased last address, occupation

2. I caused an advertisement about this to be broadcast on the radio on  
\_\_\_\_\_ at \_\_\_\_\_, and on  
date of first broadcast time

\_\_\_\_\_ at \_\_\_\_\_, and on  
date of second broadcast time

\_\_\_\_\_ at \_\_\_\_\_.  
date of third broadcast time

3. A copy of the advertisement that I believe was broadcast is attached marked “A”.

4. The receipt for the broadcasting of this advertisement is attached.

**[JURAT ETC AS IN FORM 2]**

Form 9 Grant of Probate (rr.2.7, 3.3)

**IN THE SUPREME COURT OF  
THE REPUBLIC OF VANUATU  
(CIVIL JURISDICTION)**

**PROBATE CASE NO. P OF**

**IN THE ESTATE OF**

\_\_\_\_\_  
Deceased's name

**PROBATE**

In the estate of \_\_\_\_\_ late of \_\_\_\_\_ ,  
deceased's name last address, occupation  
who died on \_\_\_\_\_.  
date of death

**PROBATE** of the will dated \_\_\_\_\_ [and codicil dated \_\_\_\_\_ ]  
date of will date of codicil

of the above deceased is granted to \_\_\_\_\_  
names of executors

the executors named in the will [and codicil].

A true copy of the will [and codicil] is annexed.

The sworn value of the estate is under VT \_\_\_\_\_  
total value of estate

Date \_\_\_\_\_

\_\_\_\_\_  
Signature of Judge

Seal Of Court

Form 10 Grant of Administration (rr.2.7, 3.3)

**[HEADING AS IN FORM 9]**

**ADMINISTRATION**

In the estate of \_\_\_\_\_ late of \_\_\_\_\_ ,  
deceased's name last address, occupation  
who died on \_\_\_\_\_.  
date of death

**ADMINISTRATION** of the estate of the above deceased is granted to  
\_\_\_\_\_  
names

The sworn value of the estate is under VT \_\_\_\_\_  
total value of estate

**[DATE, SIGNATURE + SEAL AS IN FORM 9]**

\_\_\_\_\_

Form 11 Grant of Administration with the will annexed (rr.2.7, 3.3)

**[HEADING AS IN FORM 9]**

**ADMINISTRATION WITH THE WILL ANNEXED**

In the estate of \_\_\_\_\_ late of \_\_\_\_\_ ,  
deceased's name last address, occupation  
who died on \_\_\_\_\_.  
date of death

**ADMINISTRATION** with the will dated \_\_\_\_\_ [and codicil dated \_\_\_\_\_ ]  
date of will date of codicil

annexed of the estate of the above deceased is granted to \_\_\_\_\_  
names of executors

A true copy of the will [and codicil] is annexed.

The sworn value of the estate is under VT \_\_\_\_\_  
total value of estate

**[DATE, SIGNATURE + SEAL AS IN FORM 9]**

Form 12 Response (r.3.1)

**[HEADING AS IN FORM 1]**

**RESPONSE**

In the estate of \_\_\_\_\_ late of \_\_\_\_\_ ,  
deceased's name last address, occupation  
who died on \_\_\_\_\_.  
date of death

1. \_\_\_\_\_ has applied for  
applicant's name

probate OR administration OR administration with the will annexed  
in the above estate.

2. I \_\_\_\_\_ of \_\_\_\_\_  
respondent's name address

oppose the grant being made to \_\_\_\_\_  
name of person being opposed

because \_\_\_\_\_  
reasons

3. Probate OR administration OR administration with the will annexed should be granted  
to \_\_\_\_\_  
name of person to whom grant should be made

4. The address for service of documents is: \_\_\_\_\_  
respondent's address or respondent's lawyer's address

\_\_\_\_\_  
signature of applicant

\_\_\_\_\_  
date

Form 14 Caveat (r.3.4)

**IN THE SUPREME COURT OF  
THE REPUBLIC OF VANUATU  
(CIVIL JURISDICTION)**

**PROBATE CASE NO. P OF**

**IN THE ESTATE OF**

\_\_\_\_\_  
Deceased's name

\_\_\_\_\_  
Caveator's name

\_\_\_\_\_  
Caveator's lawyer's name

**CAVEAT**

In the estate of \_\_\_\_\_ late of \_\_\_\_\_ ,  
deceased's name last address, occupation

who died on \_\_\_\_\_  
date of death

1. I \_\_\_\_\_ of \_\_\_\_\_  
caveator's name address

claim an interest as \_\_\_\_\_  
state relationship with deceased or nature of interest

in the estate of the deceased.

2. I demand that nothing be done in connection with the estate without notice to me.

3. My address for service is \_\_\_\_\_  
address in Vila for service of documents

\_\_\_\_\_  
signature of caveator

\_\_\_\_\_  
date

Form 14 Application to withdraw caveat (r.3.1)

**[HEADING AS IN FORM 13]**

**APPLICATION TO WITHDRAW CAVEAT**

In the estate of \_\_\_\_\_ late of \_\_\_\_\_ ,  
deceased's name last address, occupation

who died on \_\_\_\_\_  
date of death

1. I \_\_\_\_\_ of \_\_\_\_\_  
caveator's name address

apply to withdraw the caveat I filed on \_\_\_\_\_  
date caveat filed

\_\_\_\_\_  
signature of caveator

\_\_\_\_\_  
date

Form 15 Application for reseal of foreign grant (r.4.1)

**[HEADING AS IN FORM 1]**

**APPLICATION FOR RESEAL OF FOREIGN GRANT**

In the estate of \_\_\_\_\_ late of \_\_\_\_\_ ,  
deceased's name last address, occupation

who died on \_\_\_\_\_  
date of death

1. I \_\_\_\_\_ apply for  
applicant's name

probate of the will

OR

administration of the estate

of the above deceased granted by the \_\_\_\_\_  
full name of court and country

to \_\_\_\_\_ , to be sealed with the seal of this Court.  
names

2. The address for service of documents is: \_\_\_\_\_  
applicant's address or applicant's lawyer's address

\_\_\_\_\_  
Signature of applicant or applicant's lawyer

\_\_\_\_\_  
date

Form 16 Sworn Statement – Reseal of foreign grant (r.4.1)

**[HEADING AS IN FORM 9]**

**SWORN STATEMENT**

I, \_\_\_\_\_ of \_\_\_\_\_, swear the following is true:  
name of person making statement address and occupation

1. Probate of the will OR administration of the estate of the deceased was granted by

\_\_\_\_\_  
full name of court and country  
 to me on \_\_\_\_\_  
date

OR

to \_\_\_\_\_ on \_\_\_\_\_  
name date

The grant has not been revoked. A copy of the grant is attached marked "A".

2. I am [the/a] person to whom probate OR administration was granted.

OR

2. I am authorised under a power of attorney by the executor OR administrator of the deceased to make this application. I have not received any notice of revocation of the power of attorney. A copy of the power of attorney is attached marked "B".

3. The deceased left property in Vanuatu.

4. An inventory of all property of the estate I now know about is attached and marked "C". If I find out about any other property of the deceased I will tell the court about it.

5. The estate has an estimated gross value of VT \_\_\_\_\_  
value of estate

6. If the Court reseals the probate OR administration I will administer the estate according to law and I will give a true account of my administration to the Court if it asks me to.

7. I realise that if I do not administer the estate according to law I may be liable to a fine or imprisonment.

**[JURAT ETC AS IN FORM 2]**

**ATTACHMENT C**

Inventory of property of the estate of \_\_\_\_\_

of \_\_\_\_\_ deceased.  
name of deceased  
last address and occupation

**DESCRIPTION**

Description sufficient to identify property

**ESTIMATED OR KNOWN VALUE**

**VT**  
 amount

**TOTAL VT**

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