

**APPLICATION AND ADDENDUM FOR FILING FOR
IMMEDIATE CIVIL PROTECTION ORDER INJUNCTION
REMEDY IN CYPRUS DISTRICT COURT**

INSTRUCTIONS
Please Read First

1. Complete Addendum form.
It is not compulsory to answer all questions, although it is important to check any of box(es) that will explain to the Court your reason(s) in support your Ex Parte Application to request the Court grant you an immediate, protection order injunction to restrain defendant.
2. Complete Form 45. Refer to your Addendum, for example, “*See Plaintiff’s Addendum Attached*”. A copy of a blank Form 45 is provided for you to fill out.
3. Complete Affidavit Form. Refer to your Addendum, for example, “*See Plaintiff’s Addendum Attached*”. A copy of a blank form Affidavit is provided for you to fill out.
4. Complete the Form of Writ of Summons (O.2, R.1). Copy of the form is provided for you to fill out.
5. If your economic status is poor, please complete the appropriate Form (O.8, R.1). Blank copies are provided in this form packet.
6. Copy and keep for your records completed your signed, dated and filed forms to give a bailiff to serve defendant and attach any Order the Court may issue.
7. The original copies of the above completed, signed and dated documents must be filed in person in the District Court for your local area.
8. You may be required to pay a Court Filing Fee for the Ex Parte Application.
9. If your Ex Parte Application is denied, you may wish to file an appeal. The Court Appeal forms are provided, with Service forms. You may wish to ask the Court when your time to appeal will expire.

What is an *EX PARTE* APPLICATION EMERGENCY PROTECTION ORDER INJUNCTION?

Ex Parte means defendant or his/her attorney is not present at the time of a hearing, or served notice of the hearing because of the emergent circumstances of the claim(s).

Emergency means immediately.

Protection Order means plaintiff is protected from defendant.

Injunctions are equitable remedies created by Courts of justice where plaintiff does not seek money damages but the remedy requested is an order defendant be prohibited from or to perform some act.

Disclaimer:

If you wish to represent yourself to start a District Court proceeding in Cyprus for an Ex Parte Emergency Protection Order to restrain defendant(s) from making unwanted contact with you, the following forms and instructions are provided as a guide only for you to self-help, and *are not to provide as legal advice or to be interpreted as legal representation.*

AFFIDAVIT

I,

from and holder of the

Passport/Aliens Card/ Identification Card with no..... I

swear and say the following:

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THE SWORN AFFIANT

.....

Swore and signed in my presence
to the District Court of
today.....

REGISTRARS

**Addendum
Form 45
Ex-Parte Application
For Emergency Injunctive Relief**

DATE:

TIME:

PLAINTIFF	
Surname:	
First name:	
Nationality:	
Date of Birth:	
Address:	
Phone:	
Email:	
City:	

DEFENDANT	
Surname:	Name:
Date of Birth:	Nationality:
Address	
Phone	

FAMILY CIRCUMSTANCES People Living In Plaintiff's Residence			
	<u>Name and Surnames:</u>	<u>Date of Birth:</u>	<u>Family Relationship:</u>
1			
2			
3			
4			
5			
6			

STATE YOUR REASONS TO FILE AN EX PARTE APPLICATION. STATE THE RELIEF YOU REQUEST THE COURT TO GRANT	YES	NO
1. Is Plaintiff a citizen of Cyprus to also be a European Union Member State Citizen?		
2. Does Plaintiff desire to file an Ex Parte Application for an emergency protection order of no contact with Defendant because Plaintiff has a reasonable belief it is necessary immediately to restrain Defendant from having contact with Plaintiff on grounds stated in Plaintiff's Addendum which assert Defendant's contact violates Plaintiff's Cyprus and EU Citizenship entitlement to the specific human rights and freedoms protected and secured and ensured under the CY Constitution or the European Convention on Human Rights and Protocols?		
3. Does Plaintiff assert under these laws and the nature of this ex parte application it is necessary Plaintiff self-represent to obtain immediate access to court for emergency protections?		
4. Does Plaintiff states grounds as checked below to support a claim for the Court to grant emergency ex parte injunctive relief remedies as requested, as justice so requires?		
5. Do you assert Defendant's contact with you unwanted because it threatens, intimidates or is harassing you in violation of your right to enjoyment of your life? ¹		
6. Do you assert Defendant's contact with you unwanted because you reasonably believe it substantially interferes with your liberty and security? ²		
7. Do you assert Defendant's contact with you unwanted and must be restrained to protect yourself and/or your children's from the likelihood of irreparable harm or injury? ³		
8. Do you assert self-representation is necessary to obtain an immediate order to restrain Defendant from unwanted contact with you to prevent the likelihood of irreparable harm or injury to you or your children, and under these circumstances you cannot wait for legal aid or afford to pay an attorney? ⁴		
9. Do you assert Defendant's contact with you is unwanted because you reasonably believe it substantially interferes with your privacy right? ⁵		
10. Do you assert Defendant's contact with you is unwanted because Defendant does not allow you to express your thoughts or opinions openly? ⁶		
11. Do you assert Defendant's contact with you is unwanted because it interferes with your right to choose your association(s) with others, to see friends, family, or chose to not associate with Defendant? ⁷		

¹Pursuant to Article 2 ECHR: Everyone's right to life shall be protected by law, CY Const. Art. 7

²Pursuant to Article 5 ECHR: Everyone has the right to liberty and security of person, CY Const. Art.11

³Pursuant to Article 8ECHR: Right to respect for private and family life, CY Const. Art. 15

⁴Pursuant to Article 6ECHR: Right to a fair trial, CY Const. Art. 30

⁵Pursuant to Article 8ECHR: Right to respect for private and family life, CY Const. Art. 15

⁶Pursuant to Article 10ECHR: Freedom of expression, CY Const. Art. 19

⁷Pursuant to Article 11ECHR: Freedom of assembly and association.

12. Do you believe your ex parte application for an immediate injunction order to restrain Defendant from unwanted contact with you is necessary to provide you the protections and remedy to prevent Defendant's contact from violation of your human rights and freedom? ⁸	YES	NO
13. Are you asserting that Defendant's unwanted contact with you is unwanted because it interferes with your right to liberty of movement to be a violation of your human rights? ⁹		
14. Are you asserting that Defendant's unwanted contact with you interferes with your right to choose your own residence is violated? ¹⁰		
15. Do you reasonably believe that Defendant's unwanted conduct has unreasonably interfered, threatened or harassed your ability to have enjoyment of your private life? ¹¹		
16. Do you reasonably believe that Defendant's unwanted contact with you results in a substantial interference of your rights mentioned in the above numbers (5), (6), (7), (9), (10), (11), (12), (14), (15), and (17) below which requires the court to grant you an effective remedy of emergency protection order? ¹²		
17. Does Defendant own or possess any deadly weapons at home or have access to weapons for other reasons for you have be intimidated or threatened by Defendant's access to these weapons?		
18. Do you want the Defendant to be prevented from communicating with you? ¹³		
19. Do you want Defendant to be prevented from communicating with your children (if you have any?) for the reasons stated in (17)? ¹⁴		
20. Do you desire Defendant contact you only under an established system of visits /care of your (and Defendant's) children?		
21. Do you reasonably believe that an immediate injunction protection order to restrain Defendant will prevent you from suffering irreparable harm?		
22. Do you have a reasonable belief that for the reasons stated above, it is necessary for the court to immediately freeze all your family assets, (owned with Defendant or in Defendant's immediate control as a result of marriage), except as needed for your or Defendant's payment of food, clothing, shelter, and any medical or education needs for you and your children, during the pendency of this action?		

⁸Pursuant to Article 14ECHR: Right to an effective remedy.

⁹Pursuant to Protocol No.4, Article 2ECHR: Freedom of movement, CY Const. Art 13

¹⁰Pursuant to Protocol No.4, Article 2ECHR: Freedom of movement, CY Const. Art 13

¹¹Pursuant to Protocol No.7, Article 5ECHR: Equality between spouses.

¹²Pursuant to Article 14ECHR: Right to an effective remedy.

¹³Pursuant to Article 8 and 11 of ECHR, CY Const. Art.15

¹⁴Pursuant to Article 8 of ECHR and Section I, Article 2

If the answer is yes, please fill out the next list of joined assets and also attach Writ of Summons (O.2, R.1) form.	YES	NO
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<u>FAMILY ASSETS, Please provide details (if applicable)</u>	
i. Bank Account	
ii. Home	
iii. Stock	
iv. Others	

FORM NO. 45

APPLICATION MADE EX PARTE (O.48, R.2)

In the District Court of.....No.....of 20.....

Between.....A.B.,.....Plaintiff,

And

.....C.D.,.....Defendant.

Ex Parte A.B., of....., Applicant.

The above applicant applies for (a).....

The application is based on (b) injunctive relief, under Order 48, Rule 8, Para. 1, subsection (ss) of the Civil Procedure Rules.

*The facts relied upon are as follows: (c).....
Or

*(The facts relied upon are set forth in the accompanying affidavit by
A.B. dated.....)

This application is made by A.B. in person, (or be E.F., advocate for A.B.)
Address for service

(Signed)

Advocate for Applicant.

Filed on the.....day of....., 20.....

Fixed for hearing on the.....day of....., 20....., at
.....o'clock in the.....noon.

Registrar,

-
- (a)Set out order or direction applied for.
 - (b)Set out specific section of Law or specific Rule of Court.
 - (d)If the application is not required by the rules to be supported by affidavit, the facts relied upon should be stated in thee application.
 - *Strike out if not required.

WRIT OF SUMMONS (O. 2, r. 1)

In the District of..... No.....of 20...

BetweenA.B,Plaintiff,
And
.....C.D,.....Defendant.

To C.D. of (a).....(b).....

This is to command you that within ten days after the service of this writ you enter an appearance in an action against you by A.B. of

(a).....(c).....

The Plaintiff's claim in the action is set out in the indorsement overleaf.

The Plaintiff's address for service is (d).....

And take notice that in default of your entering an appearance in the manner specified below, the Plaintiff may proceed in the action and judgment may be given in your absence.

Filed and scaled on the (e).....day..... of
(Signed)

Registrar.

N.B.—An appearance may be entered either personally or by advocate by delivering to the Registrar at (f)..... a memorandum of appearance, and on the same day by delivering at the Plaintiff's address for service a duplicate of such memorandum dated, signed and sealed by the Registrar.

- (a) Give full address, including street and number of premises, if any.
- (b) State Defendant's occupation. If known.
- (c) State Plaintiff's occupation.
- (d) Give the full name, occupation, and address of a person within the municipal limits of the town or village in which is situated the Registry in which the action in filed, with whom documents intended for Plaintiff may be left.
- (e) The date should be filled in by the Registrar.
- (f) State the town or village in which is situated the Registry described in (d) above.

N.B.—In drawing up a writ regard should be had to the provision of Order 2 and the provisions governing indorsements of claim.

Note for Defendant—A Defendant who wishes to employ an advocate should bear in mind that, except with the leave of the judge, an advocate cannot enter appearance for him unless he has a retainer in writing in Form 12A given to him by the Defendant.

Indorsement of Claim

The Plaintiff's claim is

(Signed)

(a) Advocate for Plaintiff.

(a) Strike out the words "Advocate for" if suing in person.

Application for Proceeding for Poor Persons(O.8, R.1)

In District Court of

No.

_____Plaintiff

AND

_____Defendant

Applicant has filed Application 45 ex parte for injunctive relief
on_____. (date)

Applicant states she/he has filed as a poor person for the following reasons under
Order 8, Rule 1of the Civil Procedure Rules:

- (i) that she/he is not worth €171 (excluding wearing apparel, bed and bedding, and the subject matter of the action);
- (ii) that her/his usual income from all sources does not exceed €9 a week;
and
- (iii) that she/he has reasonable grounds for suing or defending.

Applicant submits her/his Affidavit in support of the above statements for this
application.

Name:

Submitted on _____

Signature:

REGISTRARS

FORM NO.5

AFFIDAVIT OF SERVICE (O.5, R.2)

I, a process-server, make oath and say that I served an office copy of the writ of summons in Action No. of the.....Registry, at (a) on the..... day of.....20....., by leaving the same in the presence ofwith the Defendant (b).....(c).....of, for the Defendantwhom I did not find at his house or at his usual place of employment, the said being a (d)of the said Defendant.

A duplicate of the document(s) served is attached hereto as an exhibit and I marked "A"

or

This affidavit is endorsed on a duplicate of the document served.

Signed and sworn before me.....
at..... on the day.....
of.....20.....

Signed

.....Registrar.

-
- (a) Town or village where service effected
 - (b) Strike out the words "the Defendant", if inapplicable,
 - (c) Strike out to the end, if inapplicable
 - (d) State his relationship to the Defendant for whom the writ is left

Note. – The affidavit of service should be sworn within seven days after service.

No.5 – Affidavit of Service (of Appeal)

I, a process-server, make oath and say that I served an office copy of the notice of the appeal to copy of this decision (or Order) in Action No.....of the Registry, at (a) on.....20, by leaving the same in the presence of from to the respondent (b) (c)..... of, for the respondentwhom I did not find at his house or at his usual place of employment, the said being a (d)..... of the said respondent

This affidavit is endorsed on a duplicate of the document served.

(Sign.)

Signed and sworn before me at

Registrar.

The reasons of my appeal are:

(a)

(Sign.)

Advocate for

Filed on

Registrar

Certified True Copy