

IN THE SUPERIOR COURT OF THE VIRGIN ISLANDS  
DIVISION OF ST. THOMAS AND ST. JOHN

vs. Plaintiff(s), )  
) Civil No.  
)  
) Action for Forcible Entry  
) and Detainer  
)  
Defendant(s). )  
\_\_\_\_\_ )

COMPLAINT

COMES NOW, the plaintiff, \_\_\_\_\_ pro se and as for a complaint states:

- (1) That the property to which the plaintiffs is entitled is \_\_\_\_\_, St. Thomas, U.S. Virgin Islands.
- (2) The defendant is an adult resident, residing in St. Thomas, U.S. Virgin Islands.
- (3) The Court has jurisdiction pursuant to 28 V.I.C. 782 seq. and Rule 37 of the Territorial Court Rules.
- (4) Defendant rents \_\_\_\_\_, St. Thomas, Virgin Islands of said premises in dispute from plaintiff on a \_\_\_\_\_ basis.
- (5) The rent is \_\_\_\_\_ Dollars (\$\_\_\_\_\_.00) a month.
- (6) On \_\_\_\_\_, plaintiff gave a notice to quit to defendant.
- (7) The notice required the defendant to vacate the premises no later than \_\_\_\_\_.
- (8) At the end of \_\_\_\_\_, the defendant failed and refused to vacate premises.
- (9) The plaintiff is requesting the property because \_\_\_\_\_.

DATED:

\_\_\_\_\_  
NAME:  
ADDRESS:  
PHONE NO.

CASE INFORMATION AND LITIGANT DATA FORM

CASE NO. \_\_\_\_\_

DATE OF FILING: \_\_\_\_\_

PARTY INFORMATION

PLAINTIFF 1: (FULL NAME)

PLAINTIFF 2: (FULL NAME)

ALIAS: \_\_\_\_\_

\_\_\_\_\_

PLACE OF BIRTH: \_\_\_\_\_

PLACE OF BIRTH: \_\_\_\_\_

DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_  
MONTH/DAY/YEAR

DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_  
MONTH/DAY/YEAR

MAILING ADDRESS: (Include zip code)

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PHYSICAL ADDRESS:

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PLACE OF EMPLOYMENT:

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EMAIL ADDRESS:

HOME TELEPHONE: ( ) \_\_\_\_\_

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CELL NUMBER: ( ) \_\_\_\_\_

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WORK NO.: - ( ) \_\_\_\_\_

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FAX NO.: \_ ( ) \_\_\_\_\_

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ATTORNEY INFORMATION

CHECK HERE IF APPEARING PRO SE (ON YOUR OWN BEHALF, WITHOUT AN ATTORNEY)

ATTORNEY 1: (FULL NAME)

ATTORNEY 2: (FULL NAME)

\_\_\_\_\_

\_\_\_\_\_

MAILING ADDRESS: (Include zip code)

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PHYSICAL OFFICE ADDRESS:

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EMAIL ADDRESS:

HOME TELEPHONE: ( ) \_\_\_\_\_

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FAX NO.: \_ ( ) \_\_\_\_\_

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### CASE INFORMATION AND LITIGANT DATA FORM

Check here if there are more than two (2) plaintiffs and/or plaintiffs' attorneys involved in this case, and attach a separate sheet that includes the required information for all such additional persons.

#### CASE INFORMATION

Place an X next to the case type that best describes this case :

- TRACK 1: (Basic)**     Debt/Foreclosure     Eminent Domain     Condemnation     Family/Related Cases  
 Enforcement of Settlement/Arbitration Award
- TRACK 2- (Standard)**     Contract     Tort - Non-personal injury     Tort- Personal Injury     Probate/Wills & Trust  
 Real Property/Partition     Employment/Labor
- TRACK 3: (Complex)**     Class Action     Product Liability     Toxic Tort
- TRACK 4- (Appellate)**     Magistrate Appeal     Writ of Review /Admin. Appeal
- TRACK 5- (Special/PITA)**     Habeas Corpus/Prisoner petitions     Expungement     Extradition     Foreign Judgment  
 Judicial Review /Mandamus
- OTHER: EMERGENCY/EXPEDITED PETITIONS:**     Injunctive Relief/TRO     Other \_\_\_\_\_  
 Small Claims     Landlord/Tenant

LIST/SPECIFY ALL CAUSES OF ACTION PLED: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

SIGNATURE(S) -- (Each Plaintiff's Attorney or Pro Se Litigant is Required to Sign and Date the document below):

\_\_\_\_\_  
PRINT  
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SIGNATURE  
\_\_\_\_\_  
DATED

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PRINT  
\_\_\_\_\_  
SIGNATURE  
\_\_\_\_\_  
DATED

**CASE INFORMATION AND LITIGANT DATA FORM**

CASE NO. \_\_\_\_\_

**PARTY INFORMATION**

**DEFENDANT 1: ( FULL NAME)**

**DEFENDANT 2: (FULL NAME)**

\_\_\_\_\_  
**ALIAS:** \_\_\_\_\_

\_\_\_\_\_  
**ALIAS:** \_\_\_\_\_

\_\_\_\_\_  
**PLACE OF BIRTH:** \_\_\_\_\_

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**PLACE OF BIRTH:** \_\_\_\_\_

\_\_\_\_\_  
**DOB:** \_\_\_\_/\_\_\_\_/\_\_\_\_  
MONTH/DAY/YEAR

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MONTH/DAY/YEAR

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**PLACE OF EMPLOYMENT:**

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**PLACE OF EMPLOYMENT:**

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**EMAIL ADDRESS:**

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**FAX NO.:** ( ) \_\_\_\_\_

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**FAX NO.:** ( ) \_\_\_\_\_

**DEFENSE ATTORNEY INFORMATION**

CHECK HERE IF APPEARING PRO SE (ON YOUR OWN BEHALF, WITHOUT AN ATTORNEY)

**ATTORNEY 1: (FULL NAME)**

**ATTORNEY 2: (FULL NAME)**

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**MAILING ADDRESS: (Include zip code)**

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**CASE INFORMATION AND LITIGANT DATA FORM**

**EMAIL ADDRESS:**

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HOME TELEPHONE: (\_\_\_\_) \_\_\_\_\_

(\_\_\_\_) \_\_\_\_\_

CELL NUMBER: (\_\_\_\_) \_\_\_\_\_

(\_\_\_\_) \_\_\_\_\_

WORK NO.: (\_\_\_\_) \_\_\_\_\_

(\_\_\_\_) \_\_\_\_\_

FAX NO.: (\_\_\_\_) \_\_\_\_\_

(\_\_\_\_) \_\_\_\_\_

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**SIGNATURE(S) – (Each Defense Attorney or Pro Se Defendant is Required to Sign and Date the document below):**

PRINT

PRINT

SIGNATURE

SIGNATURE

DATED

DATED