

NASSAU DISTRICT COURT - ADDITIONAL PARTIES FORM - SMALL/COMMERCIAL CLAIMS

Check One Additional Claimant Information (No P.O. Boxes) or
if additional party Additional Defendant Information (Must Have Nassau County Address - No P.O. Boxes)

First Name _____ Middle _____ Last _____
or Legal Business Name _____

DBA _____

Address: _____

City _____ State _____ Zip _____

Check One Additional Claimant Information (No P.O. Boxes) or
if additional party Additional Defendant Information (Must Have Nassau County Address - No P.O. Boxes)

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Signature of Claimant

Date