

**NASSAU DISTRICT COURT - SMALL CLAIMS COMPLAINT FORM**

STATE DETAILS OF YOUR CLAIM: \_\_\_\_\_

\_\_\_\_\_

Date of Occurrence or Transaction: \_\_\_\_/\_\_\_\_/\_\_\_\_ Total Amount of Claim (\$5,000 Maximum) \_\_\_\_\_

**CLAIMANT'S Information (No P.O. Boxes)**

First Name \_\_\_\_\_ Middle \_\_\_\_\_ Last \_\_\_\_\_

DBA \_\_\_\_\_

Address: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**DEFENDANT'S Information (Must Have Nassau County Address - No P.O. Boxes)**

First Name \_\_\_\_\_ Middle \_\_\_\_\_ Last \_\_\_\_\_

or Legal Business Name \_\_\_\_\_

Address: \_\_\_\_\_

City \_\_\_\_\_ State NY 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)

First Name \_\_\_\_\_ Middle \_\_\_\_\_ Last \_\_\_\_\_

or Legal Business Name \_\_\_\_\_

Address: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

The undersigned acknowledges that they shall be deemed to have waived all rights to appeal except on the sole ground that substantial justice has not been done.

The undersigned has also been advised that supporting witnesses, account books, receipts and other documents required to establish the claim must be produced at the hearing.

\_\_\_\_\_  
Signature of Claimant

\_\_\_\_\_  
Date

**COURT USE ONLY BELOW THIS LINE**

Index Number \_\_\_\_\_

Hearing Date \_\_\_\_\_

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> Breach of Contract or Warranty               | <input type="checkbox"/> Failure to pay for wages           | <input type="checkbox"/> Personal Injuries   |
| <input type="checkbox"/> Breach of Lease or Rental Agreement          | <input type="checkbox"/> Failure to provide goods ordered   | <input type="checkbox"/> Professional Fees   |
| <input type="checkbox"/> Car Rental Expenses                          | <input type="checkbox"/> Failure to provide proper services | <input type="checkbox"/> Property Damage   |
| <input type="checkbox"/> Consumer Credit                              | <input type="checkbox"/> Failure to return property         | <input type="checkbox"/> Refund on Defective Merchandise                             |
| <input type="checkbox"/> Damages caused to automobile                 | <input type="checkbox"/> Goods Sold and Delivered           | <input type="checkbox"/> Refund on Defendant's Defective Work, Labor and/or Services |
| <input type="checkbox"/> Dishonored Check                             | <input type="checkbox"/> Late Fees                          | <input type="checkbox"/> Rent Due  |
| <input type="checkbox"/> Failure to Pay for Medical Services Provided | <input type="checkbox"/> Loss of Personal Property          | <input type="checkbox"/> Return of Deposit   |
| <input type="checkbox"/> Failure to issue a refund                    | <input type="checkbox"/> Loss of Profit                     | <input type="checkbox"/> Return of Security  |
| <input type="checkbox"/> Failure to pay for commissions               | <input type="checkbox"/> Loss of time for work              | <input type="checkbox"/> Unpaid Wages  |
| <input type="checkbox"/> Failure to pay for insurance claim           | <input type="checkbox"/> Loss of use of property            | <input type="checkbox"/> Work, Labor and Services                                    |
|   | <input type="checkbox"/> Monies Due                         |  |
|   | <input type="checkbox"/> Payment of Loan                    |  |