ONEONTA CITY COURT
81 MAIN STREET
ONEONTA, NY 13820
607-432-4480

SMALL CLAIMS INFORMATION SHEET

* Include filing fee as indicated on application. Payment must be in the form of cash (if paying in person); certified check, credit card* or money order. Filings with personal checks will be returned. *See credit card authorization sheet for details.
ALL FILINGS MUST BE SUBMITTED VIA MAIL OR IN-PERSON. FILINGS ARE NOT ACCEPTED VIA FAX.

* You must provide your complete mailing address and telephone number on the application. Please note Corporations, Partnerships, Associations or Assignees cannot use Small Claims. Please ask the Court Clerk about the Commercial Claims part of the Court.

* **You must provide a mailing address for defendant**. You may sue a municipality (i.e., a town, village, city or county), public benefit corporation, school district or school district public library in Small Claims Court. However, the law requires you to notify the municipality of your intention to sue. Notice must be given to the municipality within 90 days after the occurrence of the incident that is the subject of your suit. If you do not notify the municipality within 90 days of the incident, your case may be dismissed.

  The Oneonta City court has jurisdiction over defendants who reside in or work in the County of Otsego. It is up to you to determine if the address you provide to the Court is within Otsego County.

* Enter the amount of your claim and the date of the claim. Remember, whatever you sue for, you must be able to provide back up documentation for when you come to Court. *If you have exhibits for your case, please provide additional copies for the Court and the opposing party.*

* Include a brief description of the nature of your claim. Sign your claim (your claim does not have to be notarized)

* Once your claim has been filed, a Court hearing date and time will be scheduled and a notice will be mailed to you. You must be present in Court at that time and ready to proceed with the case.

* If you should come to an agreement prior to the hearing date, please notify the Court in writing and the case will be taken off the calendar. It is also your responsibility to let the defendant know that you have advised the Court the case has been settled or withdrawn.

* A guide to Small Claims Court is available at the Court Office or on line at www.nycourts.gov/ (select SEARCH, enter ONEONTA CITY COURT).

APPLICATION TO FILE SMALL CLAIMS/COMMERCIAL CLAIM (01/23/17)

ONEONTA CITY COURT : COUNTY OF OTSEGO: STATE OF NEW YORK

81 Main Street, Oneonta, NY 13820

(607) 432-4480 **INDEX # _____**

FILING FEE: CASH, MONEY ORDER, CERTIFIED BANK CHECK, CREDIT CARD- (VISA, MASTERCARD OR DISCOVER). NO PERSONAL OR BUSINESS CHECKS ACCEPTED).

TYPE OF CLAIM	FILING FEE	FORMS	CHECK ONE
SMALL CLAIMS **Individual suing an Individual or Business** ********** **COMMERCIAL CLAIM** **Consumer Transaction** **Business suing an Individual** **COMMERCIAL CLAIM** **Business suing a Business**	**$15 - Claim of $1,000 or less** **$20 - Claim above $1,000, under $5.000** ********** **$25.00** **$5.26 Electronic Certified Postage** **.46 First Class Mail** **$30.72 total for one defendant** **(add $5.58 for each additional defendant)** **$25.00** **$5.72 postage per defendant**	**Application** ********** **Application, Certificate of Authority, Certification on Filing Limits, Certification of Demand Letter, Demand Letter** **Application, Certificate of Authority, Certificate on Filing Limits**	
COUNTERCLAIM	**$5 - filing fee + $.46 postage PER plaintiff/claimant ($5.46)**	**Application**	

DATE OF APPLICATION: _____

COURT USE: Notice was mailed to defendant REGULAR & CERTIFIED mail on (date):

CLAIMANT/PLAINTIFF:

Address: If Commercial Claim, indicate Principal Address

STREET:		
CITY:	STATE:	ZIP CODE:
DAYTIME TELEPHONE NUMBER:		

-against-

DEFENDANT (include all necessary parties)

Address: home or place of employment (address must be in **OTSEGO COUNTY** except counterclaims):

STREET:		
CITY:	STATE:	ZIP CODE:
AMOUNT OF CLAIM: $ (Do not include filing fee)	TELEPHONE NO.	

Nature of Claim to include all pertinent information including brief description, dates, addresses, etc.

_____

SIGNATURE OF PERSON FILING CLAIM

CREDIT CARD AUTHORIZATION FORM FOR FILING FEES ONEONTA CITY COURT

THIS FORM MUST BE COMPLETED IN FULL. If any information is missing - it will be returned to you. DO NOT FAX THIS FORM. THE COURT DOES NOT ACCEPT FILING VIA FAX.

FOR FILINGS - THE COURT WILL ASSIGN AN INDEX # AND NOTIFY YOU OF THAT NUMBER. PLEASE REFER TO THE APPLICATION FOR THE FILING FEE OR CALL THE COURT AT 607-432-4480 BETWEEN THE HOURS OF 8:00 AM AND 3:45 PM

NAME ON CARD:*(see below)	
TYPE OF CARD: ❑ **VISA** ❑ **MASTERCARD** ❑ **DISCOVER**	
CARD NUMBER ___ ___ ___ ___/___ ___ ___ ___/___ ___ ___ ___/___ ___ ___ ___	
V-CODE FROM SIGNATURE STRIP:	**DAYTIME TELEPHONE NUMBER FOR CARDHOLDER:**
EXPIRATION DATE:	
PLAINTIFF NAME: **DEFENDANT NAME:**	**Amount to be charged: $** _____
CASE TYPE: (check one): ❑ Small Claims ❑ Commercial Claims ❑ Counterclaim ❑ Summary Proceeding ❑ Civil	Index No. (Assigned by the Court):
SIGNATURE OF CARDHOLDER:	

I authorize the Oneonta City Court to charge my credit card for the amount indicated above.

IF THE CARDHOLDER IS NOT THE PLAINTIFF/CLAIMANT IN A CIVIL MATTER, THE CARDHOLDER MUST ATTACH A COPY OF HIS/HER PHOTO DRIVER'S LICENSE OR OTHER PHOTO I.D. *IF FILING IN PERSON, CARDHOLDER MUST BE PRESENT OR THE COURT WILL NOT ACCEPT THE CREDIT CARD.

INDIVIDUALS USING CORPORATE CARDS MUST PROVIDE DOCUMENTATION ON COMPANY LETTERHEAD THAT THEY ARE AUTHORIZED TO USE SAID CARD. *IF FILING IN PERSON, YOU MUST BRING THIS AUTHORIZATION WITH YOU OR THE COURT WILL NOT ACCEPT THE CREDIT CARD.

THIS **ORIGINAL AUTHORIZATION** MUST BE INCLUDED WITH YOUR APPLICATION.