

COURT DATE

SUFFOLK COUNTY DISTRICT COURT COMPLAINT FORM

INDEX NO.

TIME & DISTRICT

DATE MAILED

THIS FORM MUST BE TYPED OR PRINTED:

CHECK ONE TYPE OF CLAIM: **SMALL CLAIM** **COMMERCIAL CLAIM** **CONSUMER TRANSACTION**

CHECK ONE SESSION: **DAY COURT** **NIGHT COURT**

<p align="center">PLAINTIFF'S NAME AND ADDRESS <i>If plaintiff is a business you must enter your true business name.</i></p> <hr/> <p><i>Last Name, First Name or True Business Name</i></p> <hr/> <p><i>Street Address (NO P.O. Boxes)</i></p> <hr/> <p><i>City, State, ZIP</i></p> <p>Telephone Number: _____</p>	<p align="center">DEFENDANT'S NAME AND ADDRESS <i>If defendant is a business you must enter its true business name.</i></p> <hr/> <p><i>Last Name, First Name or True Business Name</i></p> <hr/> <p><i>Street Address (NO P.O. Boxes)</i></p> <hr/> <p><i>City, State, ZIP</i></p> <p>Telephone Number: _____</p>
<p align="center">Additional Plaintiff Additional Defendant</p> <hr/> <p><i>Last Name, First Name or True Business Name</i></p> <hr/> <p><i>Street Address (NO P.O. Boxes)</i></p> <hr/> <p><i>City, State, ZIP</i></p> <p>Telephone Number: _____</p>	<p align="center">Additional Plaintiff Additional Defendant</p> <hr/> <p><i>Last Name, First Name or True Business Name</i></p> <hr/> <p><i>Street Address (NO P.O. Boxes)</i></p> <hr/> <p><i>City, State, ZIP</i></p> <p>Telephone Number: _____</p>

If you need to list more than four parties, submit additional pages as needed, and check here:

CHECK ONE CAUSE OF ACTION:

- | | |
|--|---|
| <ul style="list-style-type: none"> (5) PERSONAL INJURIES (10) PROPERTY DAMAGE (15) LOSS OF PERSONAL PROPERTY (20) GOODS SOLD AND DELIVERED (25) BREACH OF CONTRACT OR WARRANTY (35) WORK, LABOR AND SERVICES | <ul style="list-style-type: none"> (40) MONIES DUE (50) PAYMENT OF LOAN (70) REFUND ON DEFECTIVE MERCHANDISE (80) REFUND ON DEFENDANT'S DEFECTIVE WORK, LABOR AND/OR SERVICES (85) OTHER CAUSE OF ACTION AS DETAILED BELOW |
|--|---|

STATE DETAILS OF YOUR CLAIM:

TOTAL AMOUNT OF DAMAGES: _____

The undersigned acknowledges that he/she has been advised that supporting witnesses, account books, receipts and other documents required to establish the claim herein must be produced at the hearing. The undersigned further certifies to the best of his/her knowledge, the defendant is not in the military service.

If this is a complaint filed as a Commercial Claim (UDCA §1803-A), the undersigned hereby certifies that no more than five (5) actions or proceedings (including the instant action) pursuant to the commercial claims procedure have been initiated in the courts of this state during the present calendar month.

THIS FORM MUST BE SIGNED IN THE PRESENCE OF A COURT CLERK OR NOTARY

DATED: _____

PLAINTIFF

CLERK OR NOTARY

AS AUTHORIZED AGENT OF PLAINTIFF

AS PARENT AND NATURAL GUARDIAN