

APPLICATION TO FILE SMALL CLAIM / COMMERCIAL CLAIM

CITY COURT OF PLATTSBURGH : COUNTY OF CLINTON

FILING FEE: Money Order, Certified Bank Checks or Cash only (No Personal or Business Checks accepted)

<b>Type of Claim:</b>	<b>Filing Fee:</b>	<b>(Check one)</b>
<u>Small Claim</u>	\$15.00 - Claim of \$1,000 or less	_____
(Individual suing individual or company)	\$20.00 - Claim exceeding \$1,000 to \$5,000	_____
 <u>Commercial Claim</u>	 \$25.00 + postage fee(s)	
(a separate postage fee is required for each named defendant)		_____
(Company suing company or individual)		
(Required forms - Certificate of Authority and Certification on Filing Limits)		
 <u>Consumer Transaction</u>	 \$25.00 + postage fee(s)	
(a separate postage fee is required for each named defendant)		_____
(Company suing individual in a Consumer Transaction case)		
(Required forms - Certification of Authority, Certification on Filing Limits and Certification of Demand Letter sent)		
 <u>Counterclaim</u>	 \$ 5.00 + postage fee(s)	_____

Date: \_\_\_\_\_

Name of Claimant (include all necessary parties): \_\_\_\_\_

Address (if commercial claim, give Principal Office Address): \_\_\_\_\_

\_\_\_\_\_

Telephone no.: \_\_\_\_\_  
(Work) \_\_\_\_\_ (Home)

against

Name of Defendant (include all necessary parties): \_\_\_\_\_

\_\_\_\_\_ (if a business -provide business name AND name of individual who owns/operates/manages business)

Address (Home or Business./Place of Employment must be within the County - except for counterclaims) (Telephone no.)

\_\_\_\_\_

Amount of Claim \$ \_\_\_\_\_ (Do **not** include filing fee)

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

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DATE: \_\_\_\_\_ SIGNATURE OF PERSON FILING CLAIM