

APPLICATION TO FILE COMMERCIAL CLAIMS (5/2008)

CITY COURT OF ONEONTA, NEW YORK

COUNTY OF OTSEGO

PAYMENT MUST ACCOMPANY APPLICATION AND BE IN THE FORM OF: CASH, MONEY ORDER, CERTIFIED CHECK, CREDIT CARD (see authorization form for details). NO PERSONAL CHECKS!

| TYPE OF CLAIM | FILING FEE | FORMS | CHECK ONE |
|---|--|--|-----------|
| SMALL CLAIMS Individual suing an Individual or Business | \$15 - Claim of \$1,000 or less \$20 - Claim above \$1,000, under \$5.000 | Application | |
| COMMERCIAL CLAIMS Business suing a Business | \$25 - filing fee \$5.74 postage PER defendant | Application Certificate of Authority Certificate on Filing Limits | |
| COMMERCIAL CLAIMS - Consumer Transaction Business suing an individual | \$25 - filing fee \$5.74 postage PER defendant | Application Certificate of Authority Certificate on Filing Limits Demand Letter (copy) Demand Letter Certification | |
| COUNTERCLAIM | \$5 - filing fee \$.42 postage PER plaintiff | Application | |

| | |
|----------------------------|--|
| DATE OF APPLICATION: _____ | COURT USE: Notice was mailed to defendant REGULAR & CERTIFIED mail on (date): Initials: |
| INDEX # _____ | |

| |
|---------------------|
| CLAIMANT/PLAINTIFF: |
|---------------------|

Address: (if commercial claim - give principal office address):

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

-against-

| |
|---|
| DEFENDANT (S): (include all parties you wish to sue): |
|---|

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

| | | |
|---------|--------|-----------|
| STREET: | | |
| CITY: | STATE: | ZIP CODE: |

| | |
|---------------------|----------------------|
| AMOUNT OF CLAIM: \$ | DATE CLAIM INCURRED: |
|---------------------|----------------------|

| |
|--------------------------|
| Nature of Claim (brief): |
|--------------------------|

Signature of Claimant/Plaintiff

YOU MAY REQUEST THAT THE HEARING BE SCHEDULED DURING THE EVENING HOURS; SUCH REQUEST MUST BE MADE BY CLAIMANT AT THE TIME THE CLAIM IS FILED.

COMPLETE THIS FORM AND ATTACH TO APPLICATION FOR COMMERCIAL CLAIMS

CERTIFICATE OF AUTHORITY
CERTIFICATION - LIMITATION ON FILINGS
REQUIRED ON ALL COMMERCIAL CLAIM/CONSUMER TRANSACTION FILINGS

I, _____, am an/a _____

(officer, director, or employee)
of _____
(Name of corporation, partnership or association)
and have been authorized to represent the aforesaid corporation, partnership or association in a
Commercial Claims/Consumer Transaction against _____
(defendant)

I certify that I have the requisite authority to bind the corporation, partnership or association in a
settlement or trial of any claim or counterclaim in this matter.

I hereby certify that no more than five (5) actions or proceedings (including the instant action or
proceeding) pursuant to the Commercial Claims procedure have been initiated in the courts of the
State of New York during the present calendar month.

Date: _____

signature

Sworn to before me this _____
day of _____, 200

Notary or Clerk of the Court*

*can be signed before the Clerk if filed in person.

NOTE: The Commercial Claims Part will dismiss any case where this certification is not made.

COMPLETE THIS FORM AND ATTACH TO APPLICATION FOR CONSUMER TRANSACTION

CERTIFICATION OF MAILING DEMAND LETTER
FOR COMMERCIAL CLAIMS ARISING OUT OF A CONSUMER CREDIT TRANSACTION

RE: _____ v. _____
Claimant/Plaintiff *Defendant*

The undersigned HEREBY CERTIFIES that a Demand Letter* (copy attached) was mailed by ordinary First Class Mail to the part complained against no less than ten (10) days nor more than one hundred eighty (180) days before commencement of this claim, to wit:

(Date letter mailed)

Dated: _____

(Signature of Claimant)

PLEASE NOTE:

You must use the attached Demand Letter and attach a copy of the letter to this certification when you file your claim. Please note that you are NOT required to send the letter certified mail; however, by signing this form, you are stating to the Court that the letter was mailed.

The Commercial Claims part of this Court will not allow your action to proceed if this certification is not made and properly completed.

COMPLETE THIS FORM AND MAIL TO DEFENDANT no less than ten (10) days nor more than one hundred eighty (180) days before filing application with the Court. A copy of this letter must also be filed with your application

**DEMAND LETTER
FOR COMMERCIAL CLAIMS ARISING OUT OF A CONSUMER CREDIT TRANSACTION**

TO: _____ Date: _____
_____(Defendants)

Address:

You have not paid a debt owed to _____, which you incurred on _____. The amount remaining unpaid on the debt is \$_____.

DEMAND IS HEREBY MADE THAT THIS MONEY BE PAID. Unless payment of this amount is received by the undersigned not later than _____, a lawsuit will be brought against you in the Commercial Claims Part of the ONEONTA CITY COURT.

If a lawsuit is brought, you will be notified of the hearing date and you will be entitled to appear at the hearing and present any defense you may have to this claim.

(If applicable) Our records show that you have made the following payment in partial satisfaction of this debt (list dates and payment amounts):

A COPY OF THE DOCUMENT SHOWING THE UNDERLYING DEBT IS ATTACHED.

The names and addresses of the parties to that original debt agreement are *(to be completed if claimant was not a party to the original transaction)*:

Typed or Printed Name and address of Claimant:

