| APPLICATION TO | FILE SMALL | /COMMERCIAL | CLAIM |
|-----------------------|------------|--------------------|-------|
|-----------------------|------------|--------------------|-------|

County of: _____ City of:___

FILING FEE PAYMENT TYPES: By Mail-Money Order or Certified Bank Check In Person- Credit Card or Cash No Personal or Business Checks Accepted!

| <u>Type of Claim</u> | <u>Filing Fee</u> | (Check One) | |
|---|--|--------------|--|
| SMALL CLAIM (Individual suing Individual or Company) | \$15.00 - Claim of \$1,000 or less \$20.00 - Claim exceeding \$1,000 up to \$5,000 | | |
| COMMERCIAL CLAIM (Company suing Company) (Required forms - Certificate of Authority & Filing Limitation Certification | \$25.00 plus postage for each defendant or additional address (Please contact Clerk's Office for Current Postage Fees) | | |
| CONSUMER CREDIT TRANSACTION (Company suing an Individual) (Required forms - Certificate of Authority, Demand Letter, & Filing Limitation Certification) | \$25.00 plus postage for each defendant or additional address (Please contact Clerk's Office for Current Postage Fees) | | |
| COUNTERCLAIM | \$5.00 plus postage for each claimant (Please contact Clerk's Office for Current Postage Fees) | | |
| CLAIMANT: (NAME & ADDRESS) | CO-CLAIMANT: (NAME & ADDRESS) | | |
| Print Name | Print Name | | |
| D.B.A. | D.B.A | | |
| Street | Street | | |
| City/State/Zip Code | City/State/Zip Code | | |
| Daytime Phone # | Daytime Phone # | | |
| DEFENDANT: (NAME & ADDRESS) | SECOND DEFENDANT: (NAME & ADDR | <u>(ESS)</u> | |
| Print Name | Print Name | | |
| D.B.A. | D.B.A | | |
| Street | Street | | |
| City/State/Zip Code | City/State/Zip Code | | |
| Daytime Phone # | Daytime Phone # | | |
| Amount of Claim: \$(Do not include fill Nature of Claim: | • | | |
| I hereby certify, based upon information a | <u>CONSUMER CREDIT TRANSACTION or COMMER</u> and belief, that no more than five (5) actions or pr e been initiated in the courts of this state during t | roceedings | |
| Claimant's Signature | Notary/Clerk's Signature | | |

This section MUST be completed and notarized for a CONSUMER CREDIT TRANSACTION:

I hereby certify that I have mailed a Demand Letter by ordinary first class mail to the party complained against, no less than ten (10) days and no more than one hundred eighty (180) days before I commenced this action.

Claimant's Signature

Notary/Clerk's Signature

Note: The Commercial Claims Part will not allow your action to proceed if this certification is not properly and completely made.