



STATE OF NEW YORK
UNIFIED COURT SYSTEM
KINGSTON CITY COURT
1 GARRAGHAN DRIVE
KINGSTON, NY 12401
PHONE: (845) 481-9350
KINGSTONCITYCOURT@NYCOURTS.GOV

HON. LAWRENCE E. BALL
City Court Judge

NICOLE MURPHY
Chief Clerk II

Hon. Philip W. Kirschner
City Court Judge

Allison McKenzie
Deputy Chief Clerk

APPLICATION FOR COMMERCIAL CLAIM

Dated: _____

Name of Claimant: _____

Address: (Commercial claim, give principal office address)

Telephone: _____

.....AGAINST.....

Name of Defendant: _____

Address: (Home or place of business/ employment – NO P.O. BOX)

Telephone: _____

Amount of Claim : _____ (do not include filing fee)

Nature of Claim : _____

****** (CASH OR MONEY ORDER PAYABLE TO KINGSTON CITY COURT) ******

Filing fee: \$25.00 plus postage of \$10.33 for each defendant.

One defendant total fee = \$35.33 (Two defendants = \$45.66 total fee)

****CERTIFICATION: (UCCA 1803-A Limitation on Filings)**

(required in all Commercial Claim and Consumer Transaction Cases)

Note: The Commercial Claims part will dismiss any case where this certification is not made

I hereby certify 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.

Signature of Claimant

Date

Sworn to before
me this _____ day of ____, 20__

Signature of Notary

****NOTE:** The Commercial Claims Part shall have no jurisdiction over and shall dismiss any case where this certification is not made.

CONSUMER TRANSACTION

- Consumer Transaction (a Consumer Transaction is a transaction where the money, property
- Not Applicable or service that is the subject of the transaction is primarily for personal family or household purposes)

CERTIFICATION: (UCCA 1803-A) CONSUMER TRANSACTION

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.

Signature of Claimant

Date

Sworn to before
me this _____ day of ____, 20__

Signature of Notary

CERTIFICATE OF AUTHORITY
(Required in all Commercial Claim
and Consumer Transactions Cases)

I, _____, am an _____
(Your Name) (officer, director, employee)

of _____
(Name of corporation, partnership or association)

and have been authorized to represent the aforesaid corporation, partnership or association
in a Commercial Claim/Consumer Transaction against

(Name of 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.

Signature

Date

Print Name

Sworn to before me this _____ day of _____, 20__

Notary or Clerk of the Court

DEMAND LETTER

Commercial Claim Arising Out of a Consumer Transaction

TO: _____ Date: _____
Name of Defendant

Address

city/State/Zip Code

You have not paid a debt owed to _____,
which you incurred on _____, 20 _____. 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 no later than _____, 20 _____, a
lawsuit will be brought against you in the Commercial Claims Part of the 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(s) in
partial satisfaction of this debt (fill in date(s) and amount(s) paid)

A copy of the original debt instrument - your agreement to pay - 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)].

Name of Claimant

Address of Claimant

City/State/Zip Code of Claimant



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***PLEASE READ THIS INSTRUCTION SHEET BEFORE
FILLING OUT THIS COMMERCIAL CLAIM FORM***

If you are in a partnership or corporation, you must file a Commercial Claim. You may file a Commercial Claim if your home office is located within the State of New York.

The party you are suing must reside, have a work address, or have an office for the transaction of business in the County of Ulster.

You must have a complete mailing address for the party you are suing.

Your Commercial Claim may not exceed \$5,000.00.

You may file only five (5) Commercial Claims per calendar month.

If your case goes to trial, you may need to submit documents. The Court will retain the documents until the case is completed, including any appeal. If you need to make copies for yourself, please do so before your case is scheduled for Court.

PLEASE NOTE

If you are suing a business, you should know whether the business is a corporation or a "d/b/a" before you file the claim so that you can sue the proper party. If the business is a corporation, the full name should be registered with the Secretary of State, along with the names of the corporate officers. If the business is a "d/b/a" the name of the person "doing business as" the defendant should be registered in the Ulster County Clerk's Office.

If you settle your case to your satisfaction, you need not appear in Court. The Claimant must notify the Court, in writing, prior to the scheduled Court date.