

CRIMINAL COURTS BUILDING

SYRACUSE CITY COURT
505 South State St., Room 130
Syracuse, NY 13202
315-671-2782

- PLEASE PRINT CLEARLY -

*** * * APPLICATION FOR SMALL/COMMERCIAL CLAIM * * ***

Filing Fee: SMALL CLAIMS OF \$1,000.00 or less = \$15.00; Over \$1,000.00 = \$20.00 Counter Claims \$5.60

COMMERCIAL CLAIMS: \$32.45 (including postage) for Defendant #1

Add \$7.45 for each additional Defendants

Mail in applications - Certified Bank check or money order are accepted and application MUST be Notarized

YOUR NAME: _____
(If DBA - include business name after your name)

YOUR ADDRESS: _____
Street _____
(If Partnership or NYS Corporation, use your Business name & address)

City _____ State _____ Zip Code _____

YOUR PHONE #:(Cell Phone) : (_____) _____ (Alternative phone):(_____) _____

- AGAINST -

- DEFENDANT #1 -

- DEFENDANT #2 - (if applicable)

Name - as it will appear on all documents _____

Name - as it will appear on all documents _____

Street (PO Box Numbers must also have a street address) _____

Street (PO Box Numbers must also have a street address) _____

City _____ **State** _____ **Zip** _____

City _____ **State** _____ **Zip** _____

Phone # _____

Phone # _____

*** * NATURE AND AMOUNT OF CLAIM * ***

AMOUNT OF CLAIM: \$ _____ (Do NOT include filing fee)
(Maximum = \$5,000.00)

NATURE OF CLAIM - (Please be specific but brief):

X

Your Signature if NOT Commercial Claim
ALL MAIL IN APPLICATIONS MUST BE NOTARIZED BELOW

----- Complete below ONLY if this is a Commercial Claim -----
CERTIFICATION PURSUANT TO UCCA 1803-A:

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 during the present calendar month, AND that our principal office is in New York State.

Subscribed and sworn to before me

this _____ day of _____, 20____.

Signature of Officer of Company

NOTARY PUBLIC _____

Notary is required on ALL Commercial Claims.
The Commercial Claims Part will dismiss any case where this certification is not made.

INDEX #: _____/_____

HEARING DATE: _____