

APPLICATION TO FILE COMMERCIAL CLAIM  
State of New York  
County of Oswego, City Court of Fulton/Oswego

Index Number: \_\_\_\_\_

Commercial Claim - \$25.00  
(plus postage of \$6.10 for each Defendant)

Payment options: cash, money order, certified bank check,  
credit card - Visa, Master Card or Discover, with  
photo ID.

Counterclaim - \$5.00  
(plus postage for each Claimant)

No personal or business checks will be accepted.

**PLAINTIFF:** (Name & Address - No PO Box)

**CO-PLAINTIFF:** Name & Address - No PO Box)

Print Name \_\_\_\_\_

Print Name \_\_\_\_\_

DBA \_\_\_\_\_

DBA \_\_\_\_\_

Street \_\_\_\_\_

Street \_\_\_\_\_

City/State/Zip \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Phone: Home \_\_\_\_\_ Work: \_\_\_\_\_

Phone: Home \_\_\_\_\_ Work: \_\_\_\_\_

Email: \_\_\_\_\_

Email: \_\_\_\_\_

**DEFENDANT:** (Name & Address - No PO Box)

**2<sup>nd</sup> DEFENDANT:** (Name & Address - No PO Box)

Print Name \_\_\_\_\_

Print Name \_\_\_\_\_

DBA \_\_\_\_\_

DBA \_\_\_\_\_

Street \_\_\_\_\_

Street \_\_\_\_\_

City/State/Zip \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Phone: Home \_\_\_\_\_ Work: \_\_\_\_\_

Phone: Home \_\_\_\_\_ Work: \_\_\_\_\_

Email: \_\_\_\_\_

Email: \_\_\_\_\_

Amount of Claim: (Do no include filing fees) \$ \_\_\_\_\_

Briefly state reason for claim: (Attachments are not accepted)

\_\_\_\_\_  
\_\_\_\_\_

**FOR COMMERCIAL CLAIMS**

THIS FORM MUST BE SIGNED IN THE PRESENCE OF A NOTARY PUBLIC

I hereby certify, based upon information and belief, that no more than five (5) actions or proceedings (including this proceeding) have been initiated in the courts of this state during the present calendar month. A copy of your Demand Letter must accompany this filing.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of person filing claim

\_\_\_\_\_  
Date

\_\_\_\_\_  
Notary Public