

OSWEGO CITY COURT  
20 West Oneida Street  
Oswego, NY 13126  
(315) 207-7251  
OSW\_CITY\_CT@nycourts.gov

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

Hearing Date: \_\_\_\_\_

**\*\* APPLICATION FOR COMMERCIAL CLAIMS \*\***

Filing Fees: Commercial Claims: \$25.00 + 6.25 for each Defendant - **MUST BRING EXACT CHANGE**

**NO PERSONAL OR BUSINESS CHECKS ACCEPTED**  
**PAYMENT MUST BE MADE BY CASH, MONEY ORDER, VISA, MASTERCARD OR DISCOVER CARD**

YOUR NAME: \_\_\_\_\_  
(If partnership or NYS Corporation, use your business name and address)

YOUR ADDRESS:  
Street: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
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 street address)

\_\_\_\_\_  
Street (PO Box Numbers must also have street address)

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

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

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Phone Number

**\*\*NATURE AND AMOUNT OF THE CLAIM\*\***

AMOUNT OF CLAIM: \$ \_\_\_\_\_ (Do not include filing fees)  
(Maximum = \$5,000.00)

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

**VERIFICATION 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

\_\_\_\_\_  
Name (printed) of Officer of Company  
Notary is required on Commercial Claims.  
The Commercial Claims Part will dismiss any case  
where this verification is not made.

- COMPLETE THIS SECTION ONLY FOR COMMERCIAL CLAIM -  
ARISING OUT OF A **CONSUMER TRANSACTION**

\* Certification: (NYCCA 1803-A; 1803-A; UDCA 1803-A)

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 claim.

I hereby certify, based upon information and belief, 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 this State during the present calendar month.

\_\_\_\_\_  
Signature of Claimant

\_\_\_\_\_  
Signature of Notary/Clerk/Judge

\* NOTE: The commercial claims part will not allow your action to proceed if this certification is not made and properly completed.