

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 + 7.86 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.