

**APPLICATION TO FILE SMALL CLAIM / COMMERCIAL CLAIM**

CITY COURT OF: Binghamton COUNTY OF: Broome Index No.: \_\_\_\_\_

**FILING FEE:** Money Order, Certified Bank Check or Cash ONLY; Credit Cards accepted at the Civil Window  
**(NO Personal or Business Checks Accepted) DO NOT SEND EVIDENCE WITH THIS APPLICATION**

| Type of Claim:  | Filing Fee:                                       | (Check One)              |
|---|---|--------------------------|
| • <b>Small Claim</b><br>(Individual suing Individual or Company)  | \$15.00 – Claim of \$1,000 or less                | <input type="checkbox"/> |
|   | <b>OR</b>   |                          |
|   | \$20.00 – Claim of \$1,001 to \$5,000             | <input type="checkbox"/> |
| • <b>Commercial Claim</b><br>(Company suing Company or Individual)  | \$25.00 + \$8.00 postage* (postage Per defendant) | <input type="checkbox"/> |
| ▪ Required Court Forms: Certificate of Authority & Certification on Filing Limits                                       |   |                          |
| ▪ Required when filing: Copy of the Demand letter sent to Defendant   |   |                          |
| • <b>Consumer Transaction</b><br>(Company suing Individual in a Consumer Transaction case)                              | \$25.00 + \$8.00 postage* (postage Per defendant) | <input type="checkbox"/> |
| ▪ Required Court Forms: Certificate of Authority, Certification on Filing Limits, & Certification of Demand Letter Sent |   |                          |
| • <b>Counterclaim</b>   | \$5.00 + \$0.64 postage                           | <input type="checkbox"/> |

|   |
|---|
| <b>Name of Claimant(s):</b><br><i>include all necessary parties</i>                 |
| <b>Email:</b>   |
| <b>Mailing Address:</b><br><i>(Commercial claim, give Principal Office Address)</i> |
| <b>Phone Number(s):</b>   |

*against*

|   |
|---|
| <b>Name of Defendant(s):</b><br><i>include all necessary parties</i>  |
| <b>Email:</b>   |
| <b>Address:</b><br>Home/Business/Place of Employment<br><b>MUST BE WITHIN BROOME COUNTY</b><br>(Except when filing counterclaim)<br><i>(If a business – provide business name &amp; name of individual who owns/operates/manages)</i> |
| <b>Phone Number(s):</b>   |

Amount of Claim \$ \_\_\_\_\_ (DO NOT include filing fee)      Date: \_\_\_\_\_

**Nature of Claim** (include a **short** summary of information - *You may use back of sheet*):

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**SIGNATURE(S) OF PERSON(S) FILING CLAIM:** \_\_\_\_\_

**CERTIFICATE OF AUTHORITY**

Required in all Commercial Claim and Consumer Transaction Cases

\*UCCA 1809-A(d)

I, \_\_\_\_\_, am a/an \_\_\_\_\_

(Officer, director or employee) of \_\_\_\_\_,

and have been authorized to represent the aforesaid corporation, partnership or association

in a Commercial Claim/Consumer Transaction against \_\_\_\_\_.

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.

I affirm this \_\_\_ day of \_\_\_\_\_, 20\_\_\_, under the penalties of perjury under the laws of New York, which may include a fine or imprisonment, that the foregoing is true, and I understand that this document may be filed in an action or proceeding in a court of law.

Printed Name:

Signature:

\_\_\_\_\_

\_\_\_\_\_

**Complete this form for a Commercial Claim arising out of a  
Consumer Transaction**

Name of Case:

vs.

\_\_\_\_\_

Plaintiff/Claimant

\_\_\_\_\_

Defendant/Debtor

CERTIFICATION  
Limitation on Filings  
\*Certification UCCA 1803-A (a)

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 claim procedure have been initiated in the courts of this state during the present calendar month.

DEMAND LETTER CERTIFICATION  
\*Certification UCCA 1803-A (b)

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 prior to the commencement of the claim.

I affirm this \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, under the penalties of perjury under the laws of New York, which may include a fine or imprisonment, that the foregoing is true, and I understand that this document may be filed in an action or proceeding in a court of law.

Printed Name:

Signature:

\_\_\_\_\_

\_\_\_\_\_

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

Complete this form for a Commercial Claim  
NON-Consumer Transaction

Name of Case:

\_\_\_\_\_ vs. \_\_\_\_\_  
Plaintiff/Claimant Defendant/Debtor

CERTIFICATION  
Limitation on Filings  
\*Certification UCCA 1803-A (a)

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 claim procedure have been initiated in the courts of this state during the present calendar month.

I affirm this \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, under the penalties of perjury under the laws of New York, which may include a fine or imprisonment, that the foregoing is true, and I understand that this document may be filed in an action or proceeding in a court of law.

Printed Name:

Signature:

\_\_\_\_\_

\_\_\_\_\_

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

**Demand Letter**

To: \_\_\_\_\_ Date: \_\_\_\_\_  
Name of Defendant/Debtor

\_\_\_\_\_  
Address  
\_\_\_\_\_

You have not paid a debt owed to \_\_\_\_\_  
*Claimant Name/Business Name*  
which you incurred on \_\_\_\_\_. The amount remaining  
*date(s)*  
unpaid on the debt is \$ \_\_\_\_\_. Demand is hereby made that this money is paid.  
*amount owed by debtor*

Unless payment of this amount is received by the undersigned no later than \_\_\_\_\_  
*date due -*  
\_\_\_\_\_, a lawsuit may be filed against you in the Commercial Claims part of  
*(at least 10 days after mailing)*  
Binghamton City Court, 38 Hawley Street – 5<sup>th</sup> Floor, Binghamton, New York 13901.

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 – fill out if any partial payments were made:*

Our records show that you have made the following payment(s) in partial satisfaction of the debt (add date(s) and amount(s) paid): \_\_\_\_\_  
\_\_\_\_\_

*If applicable – fill out if Plaintiff/Claimant was not a party to the original transaction:*

\_\_\_\_\_ A copy of the original debt instrument (your agreement/contract to pay) is attached. The names and addresses of the parties to the original debt are: \_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Name and Address of Plaintiff/Claimant