

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) |
|---|--|--------------------|
| <ul style="list-style-type: none"> • <u>Small Claim</u>
 (Individual suing Individual or Company) | \$15.00 – Claim of \$1,000 or less

OR
\$20.00 – Claim of \$1,001 to \$5,000 | _____

_____ |
| <ul style="list-style-type: none"> • <u>Commercial Claim</u>
 (Company suing Company or Individual) <ul style="list-style-type: none"> ▪ Required Court Forms: Certificate of Authority & Certification on Filing Limits ▪ Required when filing: Copy of the Demand letter sent to Defendant | \$25.00 + \$8.85 postage* (postage Per defendant) | _____ |
| <ul style="list-style-type: none"> • <u>Consumer Transaction</u>
 (Company suing Individual in a Consumer Transaction case) <ul style="list-style-type: none"> ▪ Required Court Forms: Certificate of Authority, Certification on Filing Limits, & Certification of Demand Letter Sent | \$25.00 + \$8.85 postage* (postage Per defendant) | _____ |
| <ul style="list-style-type: none"> • <u>Counterclaim</u> | \$5.00 + \$0.69 postage | _____ |

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

against

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

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

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

SIGNATURE(S) OF PERSON(S) FILING CLAIM: _____