



STATE OF NEW YORK
CANANDAIGUA CITY COURT

2 N. Main Street
Canandaigua, New York 14424
585-412-5170 Fax 585-412-5172

DAVID E WHITCOMB
PART TIME JUDGE

AMY LIDESTRI
CHIEF CLERK

JACQUELINE E SISSON
CITY COURT JUDGE

COMMERCIAL CLAIMS FILING CHECKLIST

COMMERCIAL CLAIMS

CORPORATIONS, PARTNERSHIPS and ASSOCIATIONS who are suing OTHER CORPORATIONS, PARTNERSHIPS or ASSOCIATIONS.

The necessary forms to file are listed below:

1. An Application
2. A Certificate of Authority
3. Internal Certification Form (Canandaigua City Court Form Only)

The Internal Form certifies that you have mailed the Demand Letter and have complied with maximum number of filings per calendar month.

CONSUMER TRANSACTIONS

CORPORATIONS, PARTNERSHIPS and ASSOCIATIONS who are suing INDIVIDUALS.

The necessary forms to file are listed below:

1. An Application
2. A Certificate of Authority
3. A Demand Letter (Canandaigua City Court Form Only)

The Demand Letter must be mailed to the party complained against no less than 10 days and no more than 180 days prior to filing. You must furnish the Court with a copy of the Demand Letter mailed when you file.

4. Internal Certification Form (Canandaigua City Court Form Only)

The Internal Form certifies that you have mailed the Demand Letter and have complied with maximum number of filings per calendar month.

Please be sure all papers regarding your claim are filled out and that you follow the above instructions carefully. The base filing fee for a Commercial Claim or Consumer Transaction is **\$25.00**; there is an additional \$ ____ in postage for *each* defendant or additional address. (Please call 371-3412 for current postage rates)

Please have cash, certified bank check or money order made out for the exact amount when you come to file.

Please be sure all papers regarding your claim are filled out and that you follow the above instructions carefully.

APPLICATION TO FILE COMMERCIAL CLAIM / CONSUMER TRANSACTION
Canandaigua City Court
2 N Main Street, Canandaigua, NY 14424
(585) 412-5170

FILING FEE PAYMENT TYPES: By Mail - Money Order/Certified Bank Check Payable to _____
 In Person - Cash or Visa/Mastercard **NO PERSONAL OR BUSINESS CHECKS ACCEPTED!**

TYPE OF CLAIM

COMMERCIAL CLAIM (Company Suing Company)
(Requires Completed Filing Limitation Certification [see below] and Certificate of Authority Form)*

CONSUMER TRANSACTION (Company Suing Individual)
(Requires Completed Filing Limitation Certification & Demand Letter Certification** [see below], Certificate of Authority Form and Demand Letter)*

FILING FEE

\$25.00 plus postage for each defendant or additional address (call for current postage) *(Check One)*

\$25.00 plus postage for each defendant or additional address (call for current postage)

CLAIMANT: (NAME & ADDRESS)

Name _____
 D.B.A. (Doing Business As) _____
 Street (No PO Boxes) _____
 City/State/Zip Code _____
 Daytime Phone # _____
 Interpreter Needed Language: _____

DEFENDANT: (NAME & ADDRESS)

Name _____
 D.B.A. (Doing Business As) _____
 Street (No PO Boxes) _____
 City/State/Zip Code _____
 Daytime Phone # _____
 Interpreter Needed Language: _____

IF ADDITIONAL PARTIES, PRINT COPIES OF THIS FORM AND ATTACH

Amount of Claim: \$ _____ (Do Not Include Filing Fee) **Date of Loss:** ____ / ____ /20 ____
 Maximum \$5000

Brief Description of Claim:

(If Applicable) **Year, Make & Model of Vehicle/Property Address:** _____

I hereby declare under penalty of perjury that the claim or cause of action set forth herein has not previously been presented to any court or Judge.

Claimant's Signature

Date

This section MUST be completed and notarized for a COMMERCIAL CLAIM or CONSUMER TRANSACTION:

***FILING LIMITATION CERTIFICATION:** I hereby certify, based upon information and belief, that no more than five (5) actions or proceedings (including the instant action or proceeding) have been initiated in the courts of this state during the present calendar month.

 Claimant's Signature

 Notary/Clerk's Signature

 Date

This section MUST be completed and notarized for a CONSUMER TRANSACTION:

****DEMAND LETTER CERTIFICATION:** 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 action. (Attach copy of demand letter.)

 Claimant's Signature

 Notary/Clerk's Signature

 Date

**COMMERCIAL CLAIMS ARISING OUT OF A
CONSUMER TRANSACTION**

DEMAND LETTER

To: _____ Date: _____
(Name of Defendant)

(Street Address/Apartment Number)

(City) (State) (Zip Code)

You have not paid a debt owed to _____,
which incurred on _____, 20___. The amount remaining unpaid on the debt is
\$_____. Demand is hereby made that this money be paid. Unless payment of this amount is
received by the undersigned no later than _____, 20___, a lawsuit will be
brought against you in the Commercial Claims Part of the Court.

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) Our records show that you have made the following payment in partial satisfaction
of this debt (fill in dates and amounts paid)

A copy of the original debt instrument - your agreement to pay - is attached. The names and
addresses of the parties to that original debt agreement are:

(to be completed if claimant was not a party to the original transaction.)

(Typed or printed name and address of claimant)

**CANANDAIGUA CITY COURT
INTERNAL CERTIFICATION FORM**

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

*Certification (NYCCCA 1803-A; UCCA 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 declare under the penalties of perjury that the claim or cause of action set forth herein has not previously been presented to any Court or Judge.

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.

CERTIFICATE OF AUTHORITY

(required in all Commercial Claim
and Consumer Transaction Cases)

I, _____, am an _____
(Your Name) (Officer, Director or Employee)

of _____
(Name of Corporation, Partnership or Association)

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

Commercial Claim/Consumer Transaction against:

(Name of Defendant)

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.

Dated: _____
Signature

Sworn to before me this _____
day of _____, 20 _____

Notary Public or Clerk of the Court