

Court Where Claim Being Filed: _____

Small Claim / Commercial Claim Statement of Claim

Filing Fees

Small Claim: \$15.00 for claims of \$1,000.00 or less; **\$20.00** for claims of \$1,001.00 - \$5,000.00 (maximum)

Commercial Claim: \$25.00 plus postage for each Respondent

Payable by: Certified Check, Cash, Visa, Mastercard, Discover, Money Order

Payment must be made in person except Certified Check or Money Order which can be mailed

<http://www.nycourts.gov/courthelp/pdfs/SmallClaimsHandbook.pdf>

I. (Your) Claimant's Information (Party filing Claim)

Are you at least 18 years old? Yes ___ No ___ (Parent/Guardian can file for minors)

Name (Person or Company) _____

Address: _____ City: _____ NY Zip: _____

Telephone: _____ Email*: _____

This is a public document

Attorney: Name: _____ Phone: _____ Email: _____

I.a. Additional Claimant

Name: _____

Address: _____ City: _____ NY Zip: _____

Telephone: _____ Email*: _____

II. (Their) Respondent's Information (Party against whom claim is filed)

Name (Person or Company) _____

Businesses name must match what is on file with the local County Clerk in a Business Certificate or Assumed Name Certificate

Address: _____ City: _____ NY Zip: _____

Telephone: _____ Email*: _____

Attorney: Name: _____ Phone: _____ Email: _____

II.a. Additional Respondent

Name: _____

Address: _____ City: _____ NY Zip: _____

Telephone: _____ Email*: _____

III. Claim

Amount Claimed: \$ _____ **When did this happen?** (Give date or range of dates) _____

Please explain briefly what happened and why you are claiming you are owed this amount of money:

III. a. Claim Information: Address of any Rental Property involved: _____

 **Your Signature:** _____ **Your Printed Name:** _____ **Today's Date:** _____

If this is a Commercial Claim Complete Section IV

IV. Certification (NYCAA 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 an 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.

Your Signature:

Today's Date: _____

(Your) Claimant printed name:

Signature of Notary/Clerk/Judge

Other Additional Parties

Claimant Respondent

Name (Person or Company) _____

Address: _____ City: _____ NY Zip: _____

Telephone: _____ Email*: _____

Attorney: Name: _____ Phone: _____ Address: _____

Attorney Email Address: _____

Claimant Respondent

Name (Person or Company) _____

Address: _____ City: _____ NY Zip: _____

Telephone: _____ Email*: _____

Attorney: Name: _____ Phone: _____ Address: _____

Attorney Email Address: _____

*** A preferred email should be listed to facilitate virtual appearances**

Information on how to complete this form can be found

<http://www.nycourts.gov/courthelp/pdfs/SmallClaimsHandbook.pdf>

Once this form is completed you can file in your city court by:

- Printing the completed form, signing and delivering or mailing to the court with payment (certified check or money order)
