

COMMERCIAL CLAIMS APPLICATION

Ninth Judicial District

For Court Use only

City Court of: _____

Index No. **CC-**_____

County of: _____

Filed Date _____

Court Date _____

- \$25.00 + 8.85 Postage Per Defendant
- \$ 5.00 - Counterclaim + .69 Postage Per Defendant

PAYMENT OPTIONS:

CASH, MONEY ORDER, CERTIFIED BANK CHECK
CREDIT CARD - VISA, MASTERCARD OR DISCOVER ONLY
NO PERSONAL OR BUSINESS CHECKS ACCEPTED

\$8.85 postage includes: .69 First Class mail, .69 First Class Mail 4.85 Certified Mail and 2.62 Electronic

-Please type or print all information clearly-

CLAIMANT: (NAME & ADDRESS - No P.O. Boxes)

CO-CLAIMANT: NAME & ADDRESS - No P.O. Boxes)

Business Name _____

Business Name _____

D.B. A. _____

D. B.A. _____

Principal Office address _____

Principal Office address _____

City/State/Zip Code _____

City/State/Zip Code _____

Daytime Phone # _____

Daytime Phone # _____

Email Address _____

Email Address _____

DEFENDANT: (NAME & ADDRESS- No P.O. Boxes)

2nd DEFENDANT: (NAME & ADDRESS - No P.O. Boxes)

Defendant must reside in the same County as the City Court where this application is filed

Print Name _____

Print Name _____

D.B.A. _____

D.B.A. _____

Street _____

Street _____

City/State/Zip Code _____

City/State/Zip Code _____

Daytime Phone # _____

Daytime Phone # _____

Email Address _____

Email Address _____

Amount of Claim (Do not include filing fees/Not to exceed \$5,000.00 per cause of action \$ _____

What date did this occur? _____ Briefly state reason for claim:

Choose only ONE of the following reasons for this claim:

<input type="checkbox"/> Breach of contract or warranty <input type="checkbox"/> Breach of lease or rental agreement <input type="checkbox"/> Breach of warrant of habitability <input type="checkbox"/> Car rental expense <input type="checkbox"/> Confirm arbitrator's award <input type="checkbox"/> Damages caused to automobile <input type="checkbox"/> Dishonored check <input type="checkbox"/> Failure to pay for medical services <input type="checkbox"/> Failure to issue a refund <input type="checkbox"/> Failure to pay for commissions <input type="checkbox"/> Failure to pay for insurance claim <input type="checkbox"/> Failure to pay for services rendered <input type="checkbox"/> Failure to pay for wages	<input type="checkbox"/> Failure to pay for goods ordered <input type="checkbox"/> Failure to provide proper services <input type="checkbox"/> Failure to return property <input type="checkbox"/> Goods sold and delivered <input type="checkbox"/> Late Fees <input type="checkbox"/> Loss of personal property <input type="checkbox"/> Loss of profit <input type="checkbox"/> Loss of time for work <input type="checkbox"/> Loss of use property <input type="checkbox"/> Medical malpractice <input type="checkbox"/> Monies due <input type="checkbox"/> Motor vehicle negligence <input type="checkbox"/> Other	<input type="checkbox"/> Payment of loan <input type="checkbox"/> Personal Injuries <input type="checkbox"/> Professional fees <input type="checkbox"/> Property damage <input type="checkbox"/> Refund on defective merchandise <input type="checkbox"/> Refund on defective work, labor, services <input type="checkbox"/> Return of deposit <input type="checkbox"/> Return of security <input type="checkbox"/> Termination <input type="checkbox"/> Unpaid wages <input type="checkbox"/> Veterinary bill <input type="checkbox"/> Work, labor or services
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Signature of person filing claim

Today's Date

****CERTIFICATION: (UCCA 1803-A Limitation on Filings)**

(required in all Commercial Claim and Consumer Transaction Cases)

Note: The Commercial Claims part will dismiss any case where this certification is not made

I hereby certify that no more than five (5) actions or proceedings (including the instant action) pursuant to the commercial claims procedure have been initiated in the Courts of this state during the present calendar month.

Signature of Claimant

Date

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

Signature of Notary

****NOTE:** The Commercial Claims Part shall have no jurisdiction over and shall dismiss any case where this certification is not made.

CONSUMER TRANSACTION

- Consumer Transaction (a Consumer Transaction is a transaction where the money, property or service that is the subject of the transaction is primarily for personal, family or household purposes)
- Not Applicable

CERTIFICATION: (UCCA 1803-A) CONSUMER TRANSACTION

This section **MUST** be completed and notarized for a Consumer Credit Transaction

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.

Signature of Claimant

Date

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

Signature of Notary