

APPLICATION TO FILE SMALL CLAIMS

Ninth Judicial District

For Court Use only

City Court of:
County of:

Index No. SC-
Filed Date
Court Date

- \$15.00 - Claim of \$1,000 or less
\$20.00 - Claim over \$1000 up to \$5,000
\$ 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

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

Print Name
D.B. A.
Street
City/State/Zip Code
Daytime Phone #
Email Address

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

Print Name
D. B.A.
Street
City/State/Zip Code
Daytime Phone #
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
D.B.A.
Street
City/State/Zip Code
Daytime Phone #
Email Address

Print Name
D.B.A.
Street
City/State/Zip Code
Daytime Phone #
Email Address

Amount of Claim (Do not include filing fees) : \$ What date did this occur?

Briefly state reason for claim:

Choose only ONE of the following reasons for this claim:

Table with 3 columns of reasons for claim, each with a list of items and checkboxes.

A Guide to Small Claims/Commercial Claims is available here: http://nycourts.gov/courthelp//pdfs/SmallClaimsHandbook.pdf

Signature of person filing claim

Today's Date