

NASSAU DISTRICT COURT - COMMERCIAL CLAIMS COMPLAINT FORM

BRIEFLY STATE DETAILS OF YOUR CLAIM: _____

Date of Occurrence or Transaction: ____/____/____ Total Amount of Claim (\$5,000 Maximum) _____

CLAIMANT'S Information (No P.O. Boxes) Check One - Consumer Transaction Commercial Transaction

Legal Business Name _____

DBA (If Applicable) _____ Cell Phone #: _____

Address: _____ Home Phone #: _____

City _____ State _____ Zip _____ E-Mail Address: _____

DEFENDANT'S Information (Must Be Nassau County Address - No P.O. Boxes)(If Business Must Use Legal Name)

First Name - Middle Name - Last Name or True Business Name

Address: _____ Phone #: _____

City _____ State NY Zip _____ E-Mail Address: _____

CERTIFICATION (Section 1803-A & 1809-A UDCA)

I _____ (name) am a/an _____

(officer, director or employee) of _____

(claimant-corporation, partnership or association) and have been authorized to represent the claimant in this commercial claim action, which has its principal office in the State of New York. I certify to the truthfulness of the within claim and that no more than five (5) such actions or proceedings (including the instant action or proceeding) have been initiated during the present calendar month. I further certify that I have the requisite authority to bind the corporation, partnership or association in a settlement or trial of any action or counterclaim.

The undersigned acknowledges that they shall be deemed to have waived all rights to appeal except on the sole ground that substantial justice has not been done. The undersigned has also been advised that supporting witnesses, account books, receipts and other documents required to establish the claim must be produced at the hearing.

If this clam is arising out of a consumer 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) and no more than one hundred eighty (180) days before I commenced this claim.

Signature of Claimant

Date

Clerk or Notary

COURT USE ONLY BELOW THIS LINE

Index Number _____

Hearing Date _____

- | | | |
|---|---|--|
| <input type="checkbox"/> Breach of Contract or Warranty | <input type="checkbox"/> Failure to pay for wages | <input type="checkbox"/> Professional Fees |
| <input type="checkbox"/> Breach of Lease or Rental Agreement | <input type="checkbox"/> Failure to provide goods ordered | <input type="checkbox"/> Property Damage |
| <input type="checkbox"/> Car Rental Expenses | <input type="checkbox"/> Failure to provide proper services | <input type="checkbox"/> Refund on Defective Merchandise |
| <input type="checkbox"/> Consumer Credit | <input type="checkbox"/> Failure to return property | <input type="checkbox"/> Refund on Defendant's Defective Work, Labor and/or Services |
| <input type="checkbox"/> Damages caused to automobile | <input type="checkbox"/> Goods Sold and Delivered | <input type="checkbox"/> Rent Due |
| <input type="checkbox"/> Dishonored Check | <input type="checkbox"/> Late Fees | <input type="checkbox"/> Return of Deposit |
| <input type="checkbox"/> Failure to Pay for Medical Services Provided | <input type="checkbox"/> Loss of Personal Property | <input type="checkbox"/> Return of Security |
| <input type="checkbox"/> Failure to issue a refund | <input type="checkbox"/> Loss of Profit | <input type="checkbox"/> Unpaid Wages |
| <input type="checkbox"/> Failure to pay for commissions | <input type="checkbox"/> Loss of time for work | <input type="checkbox"/> Veterinary Bill |
| <input type="checkbox"/> Failure to pay for insurance claim | <input type="checkbox"/> Loss of use of property | <input type="checkbox"/> Work, Labor and Services |
| <input type="checkbox"/> Failure to pay for services rendered | <input type="checkbox"/> Monies Due | |
| | <input type="checkbox"/> Payment of Loan | |
| | <input type="checkbox"/> Personal Injuries | |