

NASSAU DISTRICT COURT - SMALL 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)

First Name _____ Middle _____ Last _____
DBA (If Applicable) _____ Cell Phone #: _____
Address: _____ Home Phone #: _____
City _____ State _____ Zip _____ E-Mail Address: _____

DEFENDANT'S Information (Must Have Nassau County Address - No P.O. Boxes)

First Name - Middle Name - Last Name or Legal Business Name Cell Phone #: _____
Address: _____ Home Phone #: _____
City _____ State NY Zip _____ E-Mail Address: _____

Check One Additional Claimant Information (No P.O. Boxes) or
if additional party Additional Defendant Information (Must Have Nassau County Address - No P.O. Boxes)

First Name - Middle Name - Last Name or True Business Name Cell Phone #: _____
Address: _____ Home Phone #: _____
City _____ State NY Zip _____ E-Mail Address: _____

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.

Signature of Claimant

Date

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