COMMERCIAL CLAIMS

Oneonta City Court
81 Main Street
Oneonta, NY 13820
607-432-4480

1. Include filing fee as indicated on application. Payment must be in the form of cash (if paying in person); certified check, credit card* or money order. Filings with personal or business checks will be returned. *See credit card authorization sheet for details. ALL FILINGS MUST BE SUBMITTED VIA MAIL OR IN-PERSON. FILINGS ARE NOT ACCEPTED VIA FAX.

2. You must provide your complete mailing address and telephone number on the application.

3. You must provide a mailing address for defendant. The Oneonta City Court has jurisdiction over defendants who reside in or work in the County of Otsego. It is up to you to determine if the address you provide to the Court is within Otsego County.

4. Enter the amount of your claim and the date of the claim. Remember, whatever you sue for you must be able to provide back up documentation for when you come to Court. The maximum you can sue for in Small Claims is $5,000.00. *If you have exhibits to submit, please provide copies for the Court and the opposing party.*

5. Include a brief description of the nature of your claim.

6. Sign your claim. Also sign the required certifications; these forms must be notarized..

7. If the action is against an individual, it is considered a Commercial Claims Consumer Credit Transaction and you are required to send a DEMAND LETTER to the defendant *prior to* filing your claim with the Court. You will need to file a certification with the Court stating the demand letter has been sent. The demand letter and the certification are included with the forms. A copy of the demand letter must be attached to the certification. The certification and copy of demand letter must be attached to your application. If it is not attached, your application will be rejected.

8. Once your claim has been filed, a Court hearing date will be scheduled and you will be given notice of the date and time. You must be present in Court at that time and ready to proceed with the case.

9. If you should settle the case prior to the hearing date, you must inform the Court in writing. It is also your responsibility to let the defendant know that you have advised the Court the case has been settled or withdrawn.

10. A guide to Commercial Claims Court is available at the Court Office or on line at www.nycourts.gov/ (select SEARCH, enter ONEONTA CITY COURT)

revised 01/23/12

APPLICATION TO FILE SMALL CLAIMS/COMMERCIAL CLAIM (04/06/16)

ONEONTA CITY COURT : COUNTY OF OTSEGO: STATE OF NEW YORK

81 Main Street, Oneonta, NY 13820

(607) 432-4480 **INDEX #** _____

FILING FEE: CASH, MONEY ORDER, CERTIFIED BANK CHECK, CREDIT CARD- (VISA, MASTERCARD OR DISCOVER). NO PERSONAL OR BUSINESS CHECKS ACCEPTED).

TYPE OF CLAIM	FILING FEE	FORMS	CHECK ONE
SMALL CLAIMS Individual suing an Individual or Business ********** **COMMERCIAL CLAIM** Consumer Transaction Business suing an Individual **COMMERCIAL CLAIM** Business suing a Business	$15 - Claim of $1,000 or less $20 - Claim above $1,000, under $5.000 ********** $25.00 $5.11 Electronic Certified Postage .47 First Class Mail $30.58 total for one defendant (add $5.58 for each additional defendant) $25.00 $5.58 postage per defendant	Application ********** Application, Certificate of Authority, Certification on Filing Limits, Certification of Demand Letter, Demand Letter Application, Certificate of Authority, Certificate on Filing Limits	
COUNTERCLAIM	$5 - filing fee + $.47 postage PER plaintiff/claimant ($5.47)	Application	

DATE OF APPLICATION: _____

COURT USE: Notice was mailed to defendant REGULAR & CERTIFIED mail on (date):

CLAIMANT/PLAINTIFF:

Address: If Commercial Claim, indicate Principal Address

STREET:		
CITY:	STATE:	ZIP CODE:
DAYTIME TELEPHONE NUMBER:		

-against-

DEFENDANT (include all necessary parties)

Address: home or place of employment (address must be in **OTSEGO COUNTY** except counterclaims):

STREET:		
CITY:	STATE:	ZIP CODE:
AMOUNT OF CLAIM: $ (Do not include filing fee)	TELEPHONE NO.	

Nature of Claim to include all pertinent information including brief description, dates, addresses, etc.

_____

SIGNATURE OF PERSON FILING CLAIM

COMPLETE THIS FORM AND ATTACH TO APPLICATION FOR COMMERCIAL CLAIMS

CERTIFICATE OF AUTHORITY
CERTIFICATION - LIMITATION ON FILINGS

REQUIRED ON ALL COMMERCIAL CLAIM/CONSUMER TRANSACTION FILINGS

I, _____, am an/a _____
(officer, director, or employee)

of _____
(Name of corporation, partnership or association)

and have been authorized to represent the aforesaid corporation, partnership or association in a Commercial Claims/Consumer Transaction against _____
(defendant)

I certify that I have the requisite authority to bind the corporation, partnership or association in a settlement or trial of any claim or counterclaim in this matter.

I hereby certify 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 the State of New York during the present calendar month.

Date: _____ _____
signature

Sworn to before me this _____

day of _____, 20__

_____
Notary or Clerk of the Court*

*can be signed before the Clerk if filed in person.

NOTE: **The Commercial Claims Part will dismiss any case where this certification is not made.**

COMPLETE THIS FORM AND ATTACH TO APPLICATION FOR CONSUMER TRANSACTION

CERTIFICATION OF MAILING DEMAND LETTER FOR COMMERCIAL CLAIMS ARISING OUT OF A CONSUMER CREDIT TRANSACTION

RE:_____ v. _____
Claimant/Plaintiff *Defendant*

The undersigned HEREBY CERTIFIES that a Demand Letter* (copy attached) was mailed by ordinary First Class Mail to the part complained against no less than ten (10) days nor more than one hundred eighty (180) days before commencement of this claim, to wit:

_____
(Date letter mailed)

Dated: _____

_____
(Signature of Claimant)

PLEASE NOTE:

You must use the attached Demand Letter and attach a copy of the letter to this certification when you file your claim. Please note that you are NOT required to send the letter certified mail; however, by signing this form, you are stating to the Court that the letter was mailed.

The Commercial Claims part of this Court will not allow your action to proceed if this certification is not made and properly completed.

COMPLETE THIS FORM AND MAIL TO DEFENDANT no less than ten (10) days nor more than one hundred eighty (180) days before filing application with the Court. A copy of this letter must also be filed with your application

DEMAND LETTER
FOR COMMERCIAL CLAIMS ARISING OUT OF A CONSUMER CREDIT TRANSACTION

TO: _____ Date: _____
(Defendants)
Address:

_____

_____

_____

You have not paid a debt owed to _____, which you incurred on _____. The amount remaining unpaid on the debt is $_____.

DEMAND IS HEREBY MADE THAT THIS MONEY BE PAID. Unless payment of this amount is received by the undersigned not later than _____, a lawsuit will be brought against you in the Commercial Claims Part of the ONEONTA CITY COURT.

If a lawsuit is brought, you will be notified of the hearing date and you will be entitled to appear at the hearing and present any defense you may have to this claim.

(If applicable) Our records show that you have made the following payment in partial satisfaction of this debt (list dates and payment amounts):

A COPY OF THE DOCUMENT SHOWING THE UNDERLYING DEBT IS ATTACHED.

The names and addresses of the parties to that original debt agreement are (*to be completed if claimant was not a party to the original transaction):*

Typed or Printed Name and address of Claimant:

_____

_____

_____

_____