

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 + .46 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 # _____

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

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

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

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

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

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

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

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:

<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