

**INSTRUCTIONS:**  
Place only **ONE** letter or number in each space  
and leave a blank space between words.

**CIVIL COURT OF THE CITY OF NEW YORK  
SMALL CLAIMS PART  
STATEMENT OF CLAIM**

**(FOR OFFICE USE ONLY)**

(Your) **I. CLAIMANT'S INFORMATION**

LAST NAME \_\_\_\_\_

FIRST NAME \_\_\_\_\_ MIDDLE INITIAL \_\_\_\_\_

ADDRESS  
(NO P.O. BOX) \_\_\_\_\_

BOROUGH, CITY, STATE ZIP  
TOWN OR VILL. \_\_\_\_\_

OTHER INFO \_\_\_\_\_

[Doing Business As] [In Care Of]

[Attention To] **Circle One** PHONE NO. \_\_\_\_\_ EMAIL \_\_\_\_\_

**II. DEFENDANT'S INFORMATION\***

(Their)

LAST NAME \_\_\_\_\_

(or Full Business Name)

FIRST NAME \_\_\_\_\_ MIDDLE INITIAL \_\_\_\_\_

ADDRESS  
(NO P.O. BOX) \_\_\_\_\_

BOROUGH CITY, STATE N | Y ZIP  
TOWN OR VILL. \_\_\_\_\_

OTHER INFO \_\_\_\_\_

[Doing Business As] [In Care Of]

[Attention To] **Circle One** PHONE NO. \_\_\_\_\_ EMAIL \_\_\_\_\_

**III. CLAIM**

Amount Claimed: \$ \_\_\_\_\_ (Maximum \$10,000.00) Date of Occurrence or Transaction: \_\_\_\_\_

**Place of occurrence, if Auto Accident**

**PRIMARY REASON FOR CLAIM (Check One):**

- |                            |  |  |   |  |
|----------------------------|--|--|---|--|
| <b>Damage caused to:</b>   | <input type="checkbox"/> automobile      | <input type="checkbox"/> other personal property | <input type="checkbox"/> real property                | <input type="checkbox"/> person          |
| <b>Failure to provide:</b> | <input type="checkbox"/> proper repairs  | <input type="checkbox"/> proper services         | <input type="checkbox"/> proper merchandise           | <input type="checkbox"/> goods paid for  |
| <b>Failure to return:</b>  | <input type="checkbox"/> security        | <input type="checkbox"/> property                | <input type="checkbox"/> deposit                      | <input type="checkbox"/> money loaned    |
| <b>Failure to pay:</b>     | <input type="checkbox"/> salary          | <input type="checkbox"/> for services rendered   | <input type="checkbox"/> insurance claim              |  |
|                            | <input type="checkbox"/> rent            | <input type="checkbox"/> commissions             | <input type="checkbox"/> for goods sold and delivered |  |
| <b>Breach of.</b>          | <input type="checkbox"/> contract        | <input type="checkbox"/> lease                   | <input type="checkbox"/> warranty                     | <input type="checkbox"/> agreement       |
| <b>Loss of:</b>            | <input type="checkbox"/> luggage         | <input type="checkbox"/> property                | <input type="checkbox"/> time from work               | <input type="checkbox"/> use of property |
| <b>Returned:</b>           | <input type="checkbox"/> check (bounced) | <input type="checkbox"/> check (stopped)         |   |  |
| <b>Other:</b> (Be brief)   | _____                                    |  |   |  |

**IDENTIFYING NUMBER(S) - (Receipt #, Claim #, Account #, Policy #, Ticket #, License #, Plate #'(s))** \_\_\_\_\_

**Today's Date** \_\_\_\_\_

**Signature of Claimant or Agent** \_\_\_\_\_

CERT'D # \_\_\_\_\_

COA CODE \_\_\_\_\_

CLAIM AMT. \_\_\_\_\_

\$ \_\_\_\_\_

FEE \_\_\_\_\_

**STANDARD FEE**

CLAIMANT V. DEFENDANT

**NO FEE**

DEFENDANT V. THIRD PARTY

CLAIMANT V. ADD'L DEFENDANT

**POSTAGE ONLY**

WAGE CLAIM TO \$300

LANGUAGE \_\_\_\_\_

DATE DATA ENTERED \_\_\_\_\_

DATE NOTICES MAILED \_\_\_\_\_

CASE TYPE:

MULTI DFT  CTR/CLM

3 PARTY  CRS/CMPLT

FIRST DATE \_\_\_\_\_

DAY COURT

STATUTORY  OTHER

\* DEFENDANT'S NAME: The **legal** name will be required in order to obtain an enforceable judgment. If the Defendant is a **business**, its full and correct **business name** should be obtained from the

Office of the County Clerk in the county in which the business is located or check on the following website: [www.dos.state.ny.us](http://www.dos.state.ny.us).

DEFENDANT'S ADDRESS: YOU must indicate the proper street address of the Defendant. A Post Office Box is not acceptable.

**FREE CIVIL COURT FORM**

No fee may be charged to fill in this form.

Form can be found at