NOTE: THE BRACKETED ENTRIES IN THE TRANSCRIPT BELOW INDICATE THE SAMPLE VALUES USED IN THE VISUAL TUTORIAL. THESE VALUES ARE MERELY FOR ILLUSTRATIVE PURPOSES AND SHOULD BE REPLACED BY YOUR OWN INFORMATION IF YOU ARE COMPLETING THE FORM FOR AN ACTUAL SMALL CLAIMS LAWSUIT.

This is an overview of how to complete the SC50 Small Claims Statement of Claim form.

Before we get started, notice the four areas on the form.

First, there's section one, the CLAIMANT'S INFORMATION.

This is where you will be putting in your information.

Then there's section two, which is the DEFENDANT'S INFORMATION.

This is where you will put the information about the party that you are suing.

Section three is the CLAIM.

These are the details of your case.

And section four is for the OFFICE USE ONLY.

You will disregard this portion.

Now, let's get started:

First, you will enter your last name in the LAST NAME field.

[Enter in LAST NAME field: Gonzalez]

Next, enter your first name in the FIRST NAME field.

[Enter in **FIRST NAME** field: John]

And to the right of that, if you have a middle initial, enter it in the MIDDLE INITIAL field. [Enter in MIDDLE INITIAL field: O]

Now let's enter your address in the ADDRESS field.

Note: Post Office Boxes are not allowed.

You must use your residential address.

If you're a sole proprietor business owner, you may use your business address here [Enter in ADDRESS field: 123 Oak Hill Lane]

Let's move to the CITY, BOROUGH, TOWN or VILLAGE field.

If you live outside the City of New York, enter your city, town or village.

New Yorkers should put "New York" for Manhattan; Brooklyn, Bronx, Staten Island, or the area in Queens in which they reside.

[Enter in BOROUGH CITY TOWN OR VILL field: Long Island City]

Now enter the two letter code for your state in the STATE field [Enter in STATE field: NY]

and your zip code in the ZIP field.

[Enter in **ZIP** field: 11101]

In the OTHER INFO field, you can enter other information which is pertinent to your address.

For example, if you're a sole proprietor, you may type DBA for "Doing Business As," and the name of your company.

[Enter in **OTHER INFO** field: DBA John's Hardware of LIC]

Or, if you need your mail to be sent to a post office box or alternate address, enter that information here.

[Clear **OTHER INFO** field]

[Enter in OTHER INFO field: Mail To PO BOX 123456 Schenectady NY 12345]

If none of that applies to you, just leave the field blank.

[Clear **OTHER INFO** field]

Then, enter your phone number.

[Enter in **PHONE NO.** field: 212 555 1234]

Next, let's move to the DEFENDANT'S INFORMATION area, where you will enter information about the party you wish to sue.

Keep in mind you can sue a person or a business. If you sue a business, enter its full name in the first field: "LAST NAME OR FULL NAME OF BUSINESS."

[Enter in **LAST NAME** field: Deadbeat Mechanics]

Be sure to add any abbreviations which follow the business name, such as INC., LP., LLC., or CORP.

[Append to previous entry in **LAST NAME** field: Corp]

Only fill the FIRST NAME field if you are suing an individual, not a business.

In that case, put the individual's last name in the LAST NAME field,

[Clear LAST NAME field]
[Enter in LAST NAME field: Smith]

and the first name in the FIRST NAME field. Again, put in a middle initial, if you are aware of one.

[Enter in **FIRST NAME** field: Jane] [Enter in **MIDDLE INITIAL** field: W]

In Small Claims Court, you can only sue parties located in the five boroughs of New York City, so make sure you have a valid home or business address for your defendant.

[Enter in ADDRESS field: 1776 Declaration Way]
[Enter in BOROUGH, CITY, TOWN OR VILL field: New York]
[Enter in ZIP field: 10088]

In the OTHER INFORMATION field, you may enter other important information pertaining to the address of the defendant. For example, if you use Jane Smith's work address, you'll want to send it "In Care Of" the company where she works.

[Enter in **OTHER INFO** field: c/o Deadbeat Labs]

And the defendant's phone number, if you are aware of it.

[Enter in **PHONE NO**: field 212 555 2233]

Now we'll move to the CLAIM section. First, enter the amount you're claiming is owed to you, which can be any amount up to and including five thousand dollars.

[Enter in Amount Claimed field: 5,000.00]

In the "Date of Occurrence or Transaction" field, enter a specific date, not a range of dates, which best pertains to the time that your damages occurred.

[Enter in **Date of Occurrence or Transaction** field: Feb 30, 2006]

Next, if your claim involves an auto accident, enter the place of occurrence in the "Place of occurrence" field, otherwise, leave this field blank.

Next move to the area that states, "PRIMARY REASON FOR CLAIM (Check one):"

There is a series of boxes below.

Check the single box which most accurately describes the reason for your claim.

For example, a failure to return deposit.

[Check Failure to return deposit box]

Or a breach of contract.

[Clear Failure to return deposit box] [Check Breach of contract box]

If none of the boxes apply, you may enter a brief description of your claim.

[Clear **Breach of contract** box] [Enter in **Other (Be brief)** field: Her dog bit my dog.]

In the "IDENTIFYING NUMBERS" field, place any receipt or ticket number that your defendant may need to identify your case. If you have none, leave it blank.

Next, enter Today's Date.

[Enter in Today's Date field: Feb 19, 2006]

Print out the form by hitting the print icon near the top.

Press OK.

After your form is printed, sign it, and then you're done.