

SUFFOLK COUNTY DISTRICT COURT
COMPLAINT FORM

COURT DATE

INDEX NO.

TIME & DISTRICT

DATE MAILED

TYPE OR PRINT IN BLACK INK

CHECK ONE TYPE OF CLAIM: **SMALL CLAIM** **COMMERCIAL CLAIM** **CONSUMER TRANSACTION**
CHECK ONE SESSION: **DAY COURT** **O NIGHT COURT**

PLAINTIFF'S NAME AND ADDRESS <i>If plaintiff is a business you must enter your true business name.</i>		DEFENDANT'S NAME AND ADDRESS <i>If defendant is a business you must enter its true business name.</i>	
_____ <i>Last Name, First Name or True Business Name</i>		_____ <i>Last Name, First Name or True Business Name</i>	
_____ <i>Street Address (PO Box alone is not acceptable)</i>		_____ <i>Street Address (PO Box alone is not acceptable)</i>	
_____ <i>City, State, ZIP</i>		_____ <i>City, State, ZIP</i>	
Telephone Number: _____		Telephone Number: _____	
Additional Plaintiff	Additional Defendant	Additional Plaintiff	Additional Defendant
_____ <i>Last Name, First Name or True Business Name</i>		_____ <i>Last Name, First Name or True Business Name</i>	
_____ <i>Street Address (PO Box alone is not acceptable)</i>		_____ <i>Street Address (PO Box alone is not acceptable)</i>	
_____ <i>City, State, ZIP</i>		_____ <i>City, State, ZIP</i>	
Telephone Number: _____		Telephone Number: _____	

If you need to list more than four parties, submit additional pages as needed, and check here:

CHECK ONE CAUSE OF ACTION:

- | | |
|--|---|
| <input type="checkbox"/> (5) PERSONAL INJURIES | <input type="checkbox"/> (40) MONIES DUE |
| <input type="checkbox"/> (10) PROPERTY DAMAGE | <input type="checkbox"/> (50) PAYMENT OF LOAN |
| <input type="checkbox"/> (15) LOSS OF PERSONAL PROPERTY | <input type="checkbox"/> (70) REFUND ON DEFECTIVE MERCHANDISE |
| <input type="checkbox"/> (20) GOODS SOLD AND DELIVERED | <input type="checkbox"/> (80) REFUND ON DEFENDANT'S DEFECTIVE WORK, LABOR AND/OR SERVICES |
| <input type="checkbox"/> (25) BREACH OF CONTRACT OR WARRANTY | <input type="checkbox"/> (85) OTHER CAUSE OF ACTION |
| <input type="checkbox"/> (35) WORK, LABOR AND SERVICES | |

BRIEFLY STATE DETAILS OF YOUR CLAIM:

TOTAL AMOUNT OF DAMAGES: \$

The undersigned acknowledges that he/she has been advised that **supporting witnesses, account books, receipts and other documents required to establish the claim herein must be produced at the hearing.** The undersigned further certifies to the best of his/her knowledge, the defendant is not in the military service.

If this is a complaint filed as a Commercial Claim (UDCA §1803-A), the undersigned hereby certifies that no more than five (5) actions or proceedings (including the instant action) pursuant to the commercial claims procedure have been initiated in the courts of this state during the present calendar month.

THIS FORM MUST BE SIGNED IN THE PRESENCE OF A COURT CLERK OR NOTARY

DATED: _____

PLAINTIFF

CLERK OR NOTARY

AS AUTHORIZED AGENT OF PLAINTIFF

AS PARENT AND NATURAL GUARDIAN

Suffolk County District Court

Small Claims COMPLAINT FORM Instructions

The Maximum You Can Sue for Is \$5000

USE BLACK INK ONLY

1. On the COMPLAINT FORM, request Day Court or Night Court (see below for location and schedule).
2. You are the Plaintiff. PRINT OR TYPE your last name, first name, and street address - a PO BOX alone is not acceptable.
3. PRINT or TYPE the Defendant's full name and street address - a PO BOX alone is not acceptable. The Defendant must reside, work or have a business address within the five western towns of Suffolk County.
4. Check only one cause of action. If you cannot decide, pick #85.
5. PRINT or TYPE the reason you are suing in the area "Briefly state details of your claim." Do not attach evidence or additional pages.
6. Write the amount you are suing for in the area "Total amount of damages" (the maximum is \$5000).
7. Sign and date the form in the presence of a Notary or Court Clerk.

The COMPLAINT FORM and GUIDE TO SMALL CLAIMS is available at <http://tinyurl.com/44rqlyg> .

FILING FEES

\$15.00 if suing for \$1.00 - \$1000.00

\$20.00 if suing for \$1000.01 - \$5000.00

Small Claims are heard:

FIRST DISTRICT NIGHT COURT

3105 Veterans Memorial Hwy
Ronkonkoma, NY 11779
631-208-5775 -3 -1
3rd Wednesday 5:30 PM

SECOND DISTRICT

30 E. Hoffman Ave
Lindenhurst, NY 11757
631-208-5775 -3 -2
Thursdays 9:30 AM

THIRD DISTRICT

1850 New York Ave
Huntington Station, NY 11746
631-208-5775 -3 -3
Tuesdays 9:30 AM

FOURTH DISTRICT

North County Complex #C-158
Veterans Memorial Hwy
Hauppauge, NY 11788
631-208-5775 -3 -4
Thursdays 9:30 AM

FIFTH DISTRICT

3105 Veterans Memorial Hwy
Ronkonkoma, NY 11779
631-208-5775 -3 -5
Mondays 9:30 AM
Tuesdays 9:30 AM

SIXTH DISTRICT

150 West Main St.
Patchogue, NY 11772
631-208-5775 -3 -6
Mondays 9:30 AM

Deliver or mail the COMPLAINT FORM and FILING FEE to the Civil Division Courthouse where you want the claim to be heard.

- If you deliver the COMPLAINT FORM in person, call and ask when the cashier will be open.
- If you mail the form, please enclose a SELF-ADDRESSED STAMPED ENVELOPE, and a money order or check payable to the CLERK OF THE DISTRICT COURT for the correct FILING FEE. Do not mail cash.

Suffolk County District Court

Commercial Claims COMPLAINT FORM Instructions

THE MAXIMUM YOU CAN SUE FOR IS \$5000

1. You must be a corporation, partnership, or association that has its principal office in New York State to file a Commercial Small Claim.
2. If you are suing a person for goods or services that were mainly for personal, family or household use, send a DEMAND LETTER (UCS-124/DC-292) to the Defendant. If you get no response from the Defendant after 10 days, you may file a COMMERCIAL CLAIM COMPLAINT FORM. Complete and notarize the CERTIFICATION (UCS 119/DC-293) form. If filing in person at the court you can sign it in front of a Court Clerk.

USE BLACK INK ONLY on the COMPLAINT FORM

3. On the COMPLAINT FORM, request Day Court or Night Court (see below for location and schedule).
4. You are the Plaintiff. TYPE or PRINT your TRUE BUSINESS NAME, and street address - a PO BOX alone is not acceptable.
5. TYPE or PRINT the Defendant's full name and street address - a PO BOX alone is not acceptable. The Defendant must reside, work or have a business address within the five western towns of Suffolk County.
6. Check only one cause of action. If you cannot decide, pick #85.
7. TYPE or PRINT the reason you are suing in the area "Briefly state details of your claim." Do not attach evidence or additional pages.
8. Write the amount you are suing for in the area "Total amount of damages" (the maximum is \$5000).
9. Sign and date the form in the presence of a Notary or Court Clerk.

FILING FEES

\$25.00 filing fee

+ 6.10 mailing fee for each defendant

\$31.10 Total filing fee for one defendant (add an extra \$ 6.10 for each additional defendant)

Commercial Small Claims are heard:

FIRST DISTRICT NIGHT COURT

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Ronkonkoma, NY 11779
631-208-5775 - 3 -1
3rd Wednesday 5:30 PM

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150 West Main St.
Patchogue, NY 11772
631-208-5775 -3 -6
Mondays 9:30 AM

Deliver or mail the form and fee to the Civil Division Courthouse where you want the claim to be heard.

If you are mailing the application, please enclose a SELF-ADDRESSED STAMPED ENVELOPE, and a money order or check payable to the CLERK OF THE DISTRICT COURT for the correct fee. Do not mail cash.

Suffolk County District Court

Notice to Parties in Small & Commercial Claims Actions

ADJOURNMENTS

Requests for adjournments must be made in writing to the court with notice of the request given to all parties. Requests may also be made in person on the court date. No requests for adjournments will be accepted by phone. All requests for adjournments are submitted to the judge/arbitrator on the court date for approval. The court does not notify the parties of the new court date if the adjournment request is granted. You must contact the court to ascertain the new date.

PROOF OF CLAIM; DEFENSES TO CLAIM

On the court date you must submit all items necessary to prove the claim or to defend against the claim. Contracts, agreements, receipts, cancelled checks, photographs and other documents should be produced at trial. Property damage may be proven by two itemized written estimates or by one itemized paid bill. Persons having actual knowledge of the facts and circumstances of the claim, or who are experts in a field may be present to testify. Expert witnesses cannot be subpoenaed to testify since most require compensation to appear in court.

DUTY TO PAY JUDGMENTS

- (A) Any person, partnership, firm or corporation which is sued in a small/commercial claims court for any cause of action arising out of its business activities, shall pay any judgment rendered against it in its true name or in any name in which it conducts business. "True name" includes the legal name of a natural person and the name under which a partnership, firm or corporation is licensed, registered, incorporated or otherwise authorized to do business. "Conducting business" as used in this section shall include, but not limited to, maintaining signs at business premises or on business vehicles; advertising; entering into contracts; and printing or using sales slips, checks, invoices or receipts. Whenever a judgment has been rendered against a person, partnership, firm or corporation in other than its true name and the judgment has remained unpaid for thirty-five days after receipt by the judgment debtor of notice of its entry, the aggrieved judgment creditor shall be entitled to commence an action in small/commercial claims court against such judgment debtor, notwithstanding the jurisdictional limit of the court, for the sum of the original judgment, costs, reasonable attorney's fees, and one hundred dollars.
- (B) Whenever a judgment which relates to activities for which a license is required has been rendered against a business which is licensed by a state or local licensing authority and which remains unpaid for thirty-five days after receipt by the judgment debtor of notice of its entry and the judgment has not been stayed or appealed, the state or local licensing authority shall consider such failure to pay, if deliberate or part of a pattern of similar conduct indicating recklessness, as a basis for the revocation, suspension, conditioning or refusal to grant or renew such license. Nothing herein shall be construed to preempt an authority's existing policy if it is more restrictive.