

CIVIL COURT OF THE CITY OF NEW YORK
COMMERCIAL CLAIMS PART
STATEMENT OF CLAIM

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

I. CLAIMANT'S INFORMATION

(Your)
BUSINESS NAME _____
OTHER INFO _____
(Doing Business As or In Care Of)
PRINCIPAL OFFICE ADDRESS _____
BOROUGH, CITY, TOWN OR VILL. _____
STATE [N] [Y] ZIP _____
PHONE NO. () _____

II. DEFENDANT'S INFORMATION

(Their)
LAST NAME _____ MIDDLE INITIAL _____
(or business name)
FIRST NAME _____
ADDRESS _____
(of Residence or Place of Business or Employment)
BOROUGH, CITY, TOWN OR VILL. _____
STATE [N] [Y] ZIP _____
PHONE NO. () _____

III. CLAIM

Amount Claimed: \$ _____ (Maximum \$3,000) Date of Occurrence or Transaction: _____
Briefly state your claim here: (Include Identifying Number(s) — Receipt #, Claim #, Account #, Policy #, Ticket #, License #)

Today's Date _____ Signature of Claimant or Agent _____

YOU MUST COMPLETE ONE OF THE CERTIFICATIONS ON THE REVERSE SIDE

(FOR OFFICE USE ONLY)

CERT'D # _____
COA CODE _____
CLAIM AMT. \$ _____
STANDARD FEE PLUS POSTAGE
 CLAIMANT V. DEFENDANT
NO FEE; POSTAGE ONLY
 DEFENDANT V. THIRD PARTY
 CLAIMANT V. ADD'L DEFENDANT
 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
 CONSUMER TRANSACTION
 OTHER COMMERCIAL CLAIMS