

CIVIL COURT OF THE CITY OF NEW YORK
SMALL 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)
LAST NAME _____ MIDDLE INITIAL _____
FIRST NAME _____
ADDRESS _____
(NO P.O. BOX)
BOROUGH, CITY, STATE ZIP
TOWN OR VILL. _____
OTHER INFO _____ PHONE NO. _____
(Doing Business As) [In Care Of] _____
(Attention To) Circle One

II. DEFENDANT'S INFORMATION*

(Their)
LAST NAME _____ MIDDLE INITIAL _____
(or Full Business Name)
FIRST NAME _____
ADDRESS _____
(NO P.O. BOX) STATE N Y ZIP
BOROUGH CITY, _____
TOWN OR VILL. _____
OTHER INFO _____ PHONE NO. _____
(Doing Business As) [In Care Of] _____
(Attention To) Circle One

III. CLAIM

Amount Claimed: \$ _____ (Maximum \$5,000) Date of Occurrence or Transaction: _____

Place of occurrence, if Auto Accident

PRIMARY REASON FOR CLAIM (Check One):

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

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

Today's Date _____

Signature of Claimant or Agent _____

* 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 office of the County Clerk in the county in which the business is located or check on the following website: www.dbs.state.ny.us
DEFENDANT'S ADDRESS: YOU must indicate the proper street address of the Defendant. A Post Office Box is not acceptable.

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
business name should be obtained from the