

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,
TOWN OR VILL. _____

STATE _____

ZIP _____

OTHER INFO _____

[Doing Business As] [In Care Of]

[Attention To] **Circle One**

PHONE NO. _____

EMAIL _____

(Their)

II. DEFENDANT'S INFORMATION*

LAST NAME _____

(or Full Business Name)

FIRST NAME _____

MIDDLE INITIAL _____

ADDRESS _____

(NO P.O. BOX) _____

BOROUGH CITY,
TOWN OR VILL. _____

STATE N Y

ZIP _____

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):

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

☐ rent

☐ commissions

☐ for goods sold and delivered

Breach of.

☐ contract

☐ lease

☐ warranty

☐ agreement

Loss of:

☐ luggage

☐ property

☐ time from work

☐ use of property

Returned:

☐ check (bounced)

☐ check (stopped)

Other: (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.

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