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)

I. CLAIMANT'S INFORMATION

(Your)

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

CERT'D #

II. DEFENDANT'S INFORMATION*

(Their)

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

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

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)			

DATE DATA ENTERED

DATE NOTICES MAILED

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

CASE TYPE:

MULTI DFT ☐   CTR/CLM ☐

3 PARTY ☐   CRS/CMPLT ☐

FIRST DATE

_____   _____
Today's Date   **Signature of Claimant or Agent**

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 he 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.ny.gov**.
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
http://www.nycourts.gov/courts/nyc/smallclaims/forms.shtml.

CIV-SC-50 (Revised 04/22/22)   NOTE: If the Claim is a result of an automobile accident, the Claim must be OWNER against OWNER.