

New York State Court of Claims - Filing by Fax Cover Sheet
(print form, complete, and fax with paper to be filed)

Date:

Claim Number (if any):

Paper Being Filed:

Name and Address of Filing Party or Attorney:

Telephone Number of Filing Party or Attorney:

Fax Number of Filing Party or Attorney:

Total Number of Pages of this Transmission, including Cover Page:

***** FOR CLAIM FILINGS ONLY *****

If you are filing a claim, you must either pay the \$50.00 filing fee by completing the credit card authorization, or make an application for a waiver or reduction of the filing fee by submitting the appropriate affidavit.

CREDIT CARD AUTHORIZATION

I, _____, authorize the New York State Court of Claims to charge my credit card for the \$50.00 filing fee required for filing the above claim.

- Master Card
 Visa

Cardholder Name

Cardholder Signature

Credit Card Number

Expiration Date

FAX to: 866-413-1069 (toll-free)