

For help in completing this form, click on the yellow question marks or comment symbol for instructions. Please make sure that your **Highlight Fields** option is on so that the fields that need to be completed are light blue in color on the form. Turn it on by clicking on the **Highlight Fields** button that is on the far right side of the purple message bar.


APPLICATION TO FILE SMALL CLAIM/COMMERCIAL CLAIM


Payment must accompany application and be in the form of money order, certified bank check, credit card or cash. **No personal or business checks accepted!**

 CITY COURT OF _____ : COUNTY OF _____

Type of Claim	Filing Fee	Required Forms	Check One
SMALL CLAIM Individual suing an Individual or Business	\$15.00 - Claim of \$1,000 or less \$20.00 - Claim above \$1,000 up to \$5,000	Application	<input type="checkbox"/>
COMMERCIAL CLAIM Business suing a Business	\$30.89 + \$ 5.89 postage PER defendant	Application Certificate of Authority Certification on Filing Limits	<input type="checkbox"/>
COMMERCIAL CLAIM Consumer Transaction - Business suing an Individual	\$ 30.89 + \$ 5.89 postage PER defendant	Application Certificate of Authority Certification on Filing Limits Demand Letter (copy) Demand Letter Certification	<input type="checkbox"/>
COUNTERCLAIM	\$5.00 + \$.47 postage PER plaintiff	Application	<input type="checkbox"/>


Date of Application: _____  Index # _____ 


Claimant/Plaintiff:  _____


Address:  _____


Work Phone #: (____) ____ - ____ Home Phone #: (____) ____ - ____


- AGAINST -

Defendant:  _____

Address:  _____

Phone #: (____) ____ - ____
Amount of Claim: (do not include filing fee) _____ 

Nature of Claim:  _____

 _____
Signature of Claimant/Plaintiff