

SUFFOLK COUNTY DISTRICT COURT
COMPLAINT FORM

COURT DATE

INDEX NO.

TIME & DISTRICT

DATE MAILED

TYPE OR PRINT IN BLACK INK

CHECK ONE TYPE OF CLAIM: **SMALL CLAIM** **COMMERCIAL CLAIM** **CONSUMER TRANSACTION**
CHECK ONE SESSION: **DAY COURT** **O NIGHT COURT**

PLAINTIFF'S NAME AND ADDRESS <i>If plaintiff is a business you must enter your true business name.</i> <hr/> <i>Last Name, First Name or True Business Name</i> <hr/> <i>Street Address (PO Box alone is not acceptable)</i> <hr/> <i>City, State, ZIP</i> Telephone Number:	DEFENDANT'S NAME AND ADDRESS <i>If defendant is a business you must enter its true business name.</i> <hr/> <i>Last Name, First Name or True Business Name</i> <hr/> <i>Street Address (PO Box alone is not acceptable)</i> <hr/> <i>City, State, ZIP</i> Telephone Number:
Additional Plaintiff Additional Defendant <hr/> <i>Last Name, First Name or True Business Name</i> <hr/> <i>Street Address (PO Box alone is not acceptable)</i> <hr/> <i>City, State, ZIP</i> Telephone Number:	Additional Plaintiff Additional Defendant <hr/> <i>Last Name, First Name or True Business Name</i> <hr/> <i>Street Address (PO Box alone is not acceptable)</i> <hr/> <i>City, State, ZIP</i> Telephone Number:

If you need to list more than four parties, submit additional pages as needed, and check here:

CHECK ONE CAUSE OF ACTION:

- | | |
|--|--|
| <input type="checkbox"/> (5) PERSONAL INJURIES
<input type="checkbox"/> (10) PROPERTY DAMAGE
<input type="checkbox"/> (15) LOSS OF PERSONAL PROPERTY
<input type="checkbox"/> (20) GOODS SOLD AND DELIVERED
<input type="checkbox"/> (25) BREACH OF CONTRACT OR WARRANTY
<input type="checkbox"/> (35) WORK, LABOR AND SERVICES | <input type="checkbox"/> (40) MONIES DUE
<input type="checkbox"/> (50) PAYMENT OF LOAN
<input type="checkbox"/> (70) REFUND ON DEFECTIVE MERCHANDISE
<input type="checkbox"/> (80) REFUND ON DEFENDANT'S DEFECTIVE WORK, LABOR AND/OR SERVICES
<input type="checkbox"/> (85) OTHER CAUSE OF ACTION |
|--|--|

BRIEFLY STATE DETAILS OF YOUR CLAIM:

TOTAL AMOUNT OF DAMAGES: \$

The undersigned acknowledges that he/she has been advised that **supporting witnesses, account books, receipts and other documents required to establish the claim herein must be produced at the hearing.** The undersigned further certifies to the best of his/her knowledge, the defendant is not in the military service.

If this is a complaint filed as a Commercial Claim (UDCA §1803-A), the undersigned hereby certifies that no more than five (5) actions or proceedings (including the instant action) pursuant to the commercial claims procedure have been initiated in the courts of this state during the present calendar month.

THIS FORM MUST BE SIGNED IN THE PRESENCE OF A COURT CLERK OR NOTARY

DATED: _____

PLAINTIFF

CLERK OR NOTARY

AS AUTHORIZED AGENT OF PLAINTIFF

AS PARENT AND NATURAL GUARDIAN