COMMERCIAL SMALL CLAIMS
COMMERCIAL SMALL CLAIMS (ARISING OUT OF CONSUMER TRANSACTION)

LISTED BELOW ARE INSTRUCTIONS TO FOLLOW IN ORDER TO INITIATE A COMMERCIAL SMALL CLAIMS IN BATAVIA CITY COURT:

YOU MUST FIRST ASCERTAIN IF THE ACTION YOU ARE BRINGING TO COURT IS AGAINST ANOTHER BUSINESS WHICH WOULD BE CLASSIFIED AS A COMMERCIAL SMALL CLAIMS OR AGAINST A NATURAL PERSON WHICH WOULD BE CLASSIFIED AS A CONSUMER TRANSACTION. ONCE YOU HAVE MADE THAT DETERMINATION YOU MAY PROCEED. (GUIDE BOOKLETS ARE AVAILABLE)
IN ALL COMMERCIAL CLAIMS/CONSUMER TRANSACTIONS YOU WILL NEED TO COMPLETE THE APPLICATION FORM ATTACHED. BESIDES YOUR NAME, ADDRESS, ETC. YOU NEED TO BRIEFLY STATE YOUR CLAIM AND GIVE US THE AMOUNT YOU ARE SUING FOR. IF YOU ARE NOT GOING TO PERSONALLY BRING THE FORM BACK TO THE COURT CLERK'S OFFICE FOR HER SIGNATURE YOU WILL NEED TO HAVE IT NOTARIZED. TO AVOID ANY FUTURE PROBLEMS, PLEASE DO SOME INITIAL INVESTIGATION AND PROVIDE US WITH THE CORRECT NAME OF THE PERSON OR ENTITY YOU ARE BRINGING THE CLAIM AGAINST. IF IT IS A CORPORATION OR INDIVIDUAL, THE CORRECT NAME SHOULD BE USED. IF IT IS A BUSINESS SUCH AS A PARTNERSHIP OR AN INDIVIDUAL DOING BUSINESS UNDER A CERTAIN NAME, THE NAMES OF THE INDIVIDUAL(S), AS WELL AS THE COMPANY NAME, SHOULD BE PROVIDED.

IN A CONSUMER TRANSACTION AN ADDITIONAL STEP MUST BE TAKEN. YOU MUST FIRST SEND A "DEMAND" LETTER. A SAMPLE COPY IS ATTACHED. YOU NEED TO GIVE THE CONSUMER A MINIMUM OF TEN (10) DAYS BUT NO MORE THAN THE MAXIMUM OF ONE HUNDRED EIGHTY (180) DAYS TO PAY THE DEBT. IF YOU DID NOT RECEIVE PAYMENT, YOU MAY CONTINUE BY COMPLETING THE ATTACHED CERTIFICATION FORM. PLEASE NOTE THAT IF YOU SIGN YOUR NAME AT YOUR PLACE OF BUSINESS, YOU WILL NEED TO HAVE IT NOTARIZED.

WE SCHEDULE ACTIONS TO THE COURT CALENDAR AS FOLLOWS:

1. COMMERCIAL SMALL CLAIMS AT LEAST 21 DAYS FROM INITIATION.
2. CONSUMER TRANSACTIONS AT LEAST 30 DAYS FROM INITIATION.

THE MONETARY LIMIT FOR ALL CLAIMS IS $5,000.00. (THIS INCLUDES COUNTERCLAIMS WHICH MAY BE BROUGHT AGAINST THE CREDITOR). THE COST TO START THE ACTION IS $25.00 FILING FEE + **$6.96** POSTAGE WHICH IS A **TOTAL OF $31.96**. THIS AMOUNT CAN BE PAID IN CASH, CREDIT CARD OR BY CERTIFIED BANK CHECK / MONEY ORDER PAYABLE TO BATAVIA CITY COURT . **WE DO NOT ACCEPT PERSONAL OR COMPANY CHECKS.**

WE ARE LOCATED AT THE GENESEE COUNTY COURTS FACILITY, ONE WEST MAIN ST., BATAVIA, NY. IF YOU ARE COMING OFF THE THRUWAY TAKE EXIT 48, TURN LEFT AT THE LIGHT, PROCEED DOWN RT.98 (OAK ST.) UNTIL YOU REACH RT.5 (MAIN ST.), MAKE A LEFT TURN AT THE LIGHT AND PROCEED EASTERLY ON RT. 5 THROUGH ONE TRAFFIC LIGHT, BEAR TO YOUR RIGHT AS YOU COME TO THE "Y" IN THE ROAD AND ENTER ROUTE 63 (ELLICOTT ST.). MAKE A RIGHT INTO THE PARKING LOT WHERE THERE IS ACCOMMODATIONS FOR UP TO 131 VEHICLES. IF YOU NEED ANY FURTHER ASSISTANCE PLEASE CALL 344-2550 EXT. 2415 OR 2417.

UPDATED: 03/25/2014

FILING HOURS: 9:00 AM - 4:00 PM

APPLICATION FOR COMMERCIAL CLAIMS
FEE $31.96 (Exact Change Please)
*******PLEASE PRINT*******

NAME OF **CLAIMANT** _____

ADDRESS _____

_____ _____
(CITY, STATE) (ZIP CODE)

TELEPHONE NUMBER_____

COMMERCIAL CLAIMANT_____
(PRINCIPAL OFFICE STREET ADDRESS)

_____ _____
(CITY, STATE) (ZIP CODE)

NAME OF **DEFENDANT**_____

ADDRESS OF DEFENDANT_____

_____ _____
(CITY, STATE) (ZIP CODE)

AMOUNT YOU ARE SUING FOR $_____ (DO NOT INCLUDE FILING FEE)

REASON YOU ARE SUING FOR **(IN BRIEF)**_____

_____

_____

_____

DATE ABOVE HAPPENED_____
IF AUTO ACCIDENT - WHERE _____

****

CERTIFICATION (UCCA 1803)

I hereby certify that no more than five (5) such actions or proceedings (including the instant action or proceeding) have been initiated during the present calendar month.

Sworn to before me this
___ day of _____, _____

_____
Signature of Claimant

_____
Notary / Clerk / Judge

**NOTE: The commercial claims part shall have no jurisdiction over and shall dismiss any case where this certification is not made.

–COMPLETE THIS SECTION FOR COMMERCIAL CLAIM–
ARISING OUT OF A CONSUMER TRANSACTION

***Certification: (NYCCA 1803-A: UCCA 1803-A: UDCA 1803-A)**

I hereby certify that I have mailed a demand letter by ordinary first class mail to the party complained against, no less than ten (10) days and no more than one hundred eighty (180) days before I commenced this claim.

I hereby certify, based upon information and belief, that no more than five (5) actions or proceedings (including the instant action or proceeding) pursuant to the commercial claims procedure have been initiated in the courts of this State during the present calendar month.

_____
Signature of Claimant

_____
Signature of Notary/Clerk/Judge

***NOTE: The commercial claims part will not allow your action to proceed if this certification is not made and properly completed.**

COMMERCIAL CLAIM ARISING FROM A CONSUMER TRANSACTION

DEMAND LETTER

TO: _____ DATE: _____
NAME OF DEFENDANT

_____

_____
ADDRESS

You have not paid a debt owed to _____, which you incurred on _____, 20____. The amount remaining unpaid on the debt is $_____. Demand is hereby made that this money be paid. Unless payment of this amount is received by the undersigned no later than _____, 20___, a lawsuit will be brought against you in the Commercial Claims Part of the Court.

If a lawsuit is brought, you will be notified of the hearing date, and you will be entitled to appear at the hearing and present any defense you may have to this claim.

(If applicable) Our records show that you have made the following payment in partial satisfaction of this debt (fill in dates and amounts paid) _____
_____.

A copy of any document underlying the debt - - - your agreement to pay - - - is attached. (The names and addresses of the parties to that original debt agreement are _____
_____
_____
_____
_____) *(to be completed if claimant was not a party to the original transaction)*

_____
_____
_____
Typed or Printed Name & Address of Claimant