

本表翻譯為中文以便利理解所填資料並向法庭正確地表達 不過由法庭面
只聽閣下的資料填寫 請認明可用中文填寫 除英文外 法庭不接受任何其他語
填寫表格

CIVIL COURT OF THE CITY OF NEW YORK
紐約民事院

APPLICATION FOR A SUMMONS
傳票書

PARTIES 諸方

PLAINTIFF: (Your name and complete address, including your apartment number and telephone number.) [NOTE: If the claim is based on an auto accident, the claim must be *Owner* against *Owner*].

原告人 (閣下姓名及地址 包括單位編號及電話號碼 [注意: 如屬車禍之訟 必須為車主控告
車主])

DEFENDANT(S): (The full legal name and street address (no box number) of the party(ies) you are suing. Indicate whether you are suing this party as a person or a business.) [NOTE: If you are suing a business, indicate whether it is a partnership, a corporation or an individual with a business certificate. This information can be obtained in the County Clerk's Office in the county in which the business is located. Failure to check this information may result in a judgment which cannot be executed.]

被告人 (閣下所告當事人的法定姓名及街道地址 不得漏郵政信箱號碼。請註明所告係個人
或是公司) [注意: 如屬所告者為公司 請註明該公司 有否登記持執業
註冊個人。此資料可向當地領事館取得 未有冊資者 導致判決無法執行]

CLAIM 索賠

REASON FOR CLAIM 索賠理由

- | | | | |
|----------------------------|---|---|--|
| Damage cause to:
遭受毀 | <input type="checkbox"/> automobile
汽車 | <input type="checkbox"/> person
個人 | <input type="checkbox"/> property other than automobile
汽車外財物 |
| Failure to provide:
未提供 | <input type="checkbox"/> repairs
維修 | <input type="checkbox"/> proper service
適當服務 | <input type="checkbox"/> goods ordered
訂購物品 |
| Failure to return:
未有還 | <input type="checkbox"/> security
押金 | <input type="checkbox"/> property
財物 | <input type="checkbox"/> deposit
訂金 |
| Failure to pay for:
未支付 | <input type="checkbox"/> wages
薪金 | <input type="checkbox"/> services rendered
已提供服務 | <input type="checkbox"/> money
金錢 |
| | <input type="checkbox"/> insurance claim
保險賠 | <input type="checkbox"/> money loaned
借貸煩 | <input type="checkbox"/> goods sold and delivered
售出財物 |
| | <input type="checkbox"/> rent
租金 | <input type="checkbox"/> commissions
佣金 | |

- | | | | | |
|------------------|---|---|---|--|
| Breach of:
破壞 | <input type="checkbox"/> contract
合約 | <input type="checkbox"/> lease
租約 | | |
| Loss of:
損失 | <input type="checkbox"/> luggage
行李 | <input type="checkbox"/> property
財物 | <input type="checkbox"/> time from work
工作時間 | <input type="checkbox"/> use of property
物之使用 |
| Returned:
還 | <input type="checkbox"/> check (bounced)
支票退 | <input type="checkbox"/> merchandise (not reimbursed)
貨物未款 | | |

Other: (Be brief)

DETAILS OF CLAIM 索賠精

Amount of Claim: (Limit \$25,000 for each Cause of Action) \$ _____
索賠金額 (每控訴限為\$25,000)

Date of Occurrence: _____

發生日期

Place of Occurrence: _____

發生地點

If Car Accident: YOUR license plate # _____ DEFENDANT'S license plate # _____

若屬車禍 閣下車牌號碼

被告車牌號碼

Identifying Number(s): _____

證號

(Receipt 收據#, Claim 索賠#, Account 帳戶#, Policy 保單#, Ticket 票據#, etc. 等等)

Date 日期

X _____
Signature of Plaintiff 原告簽署

CIV-GP-59 (Revised 7/04)

08年月