

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

Date: \_\_\_\_\_

Claimant(s): \_\_\_\_\_

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             Discover Card  
 Visa

\_\_\_\_\_  
Cardholder Name

\_\_\_\_\_  
Cardholder Signature

\_\_\_\_\_  
Credit Card Number

\_\_\_\_\_  
Expiration Date

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