APPLICATION TO FILE SMALL CLAIMS/COMMERCIAL CLAIM (01/24/21)

NORWICH CITY COURT : COUNTY OF CHENANGO: STATE OF NEW YORK

One Court Plaza, Norwich, NY 13815

(607) 334-1224 **INDEX #** _____

FILING FEE: CASH, MONEY ORDER, CERTIFIED BANK CHECK, CREDIT CARD- (VISA, MASTERCARD OR DISCOVER). NO PERSONAL OR BUSINESS CHECKS ACCEPTED).

TYPE OF CLAIM	FILING FEE	FORMS	CHECK ONE
SMALL CLAIMS **Individual suing an Individual or Business** **********	**$15 - Claim of $1,000 or less** **$20 - Claim above $1,000, under $5.000** **********	**Application** **********	
COMMERCIAL CLAIM **Consumer Transaction** **Business suing an Individual**	**$25.00** **$5.86 Electronic Certified Postage** **$ .51 First Class Mail** **$31.37 total for one defendant** **(add $6.37 for each additional defendant)**	**Application, Certificate of Authority, Certification on Filing Limits, Certification of Demand Letter, Demand Letter**	
COMMERCIAL CLAIM **Business suing a Business**	**$25.00** **$6.37 postage per defendant**	**Application, Certificate of Authority, Certificate on Filing Limits**	
COUNTERCLAIM	**$5 - filing fee + $.51postage PER plaintiff/claimant ($5.51)**	**Application**	

DATE OF APPLICATION: _____

COURT USE: Notice was mailed to defendant REGULAR & CERTIFIED mail on (date):

CLAIMANT/PLAINTIFF:

Address: If Commercial Claim, indicate Principal Address

STREET:		
CITY:	STATE:	ZIP CODE:
DAYTIME TELEPHONE NUMBER:		

-against-

DEFENDANT (include all necessary parties)

Address: home or place of employment (address must be in **CHENANGO COUNTY** except counterclaims):

STREET:		
CITY:	STATE:	ZIP CODE:
AMOUNT OF CLAIM: $ (Do not include filing fee)	TELEPHONE NO.	

Nature of Claim to include all pertinent information including brief description, dates, addresses, etc.

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SIGNATURE OF PERSON FILING CLAIM