



STATE OF NEW YORK  
ROCHESTER CITY COURT

CIVIL DIVISION  
99 Exchange Blvd., 6 Hall of Justice  
Rochester, New York 14614  
585-371-3412 Fax 585-371-3427

CRIMINAL DIVISION  
150 S. Plymouth Ave., 123 County Public Safety Bldg.  
Rochester, New York 14614  
585-371-3413 Fax 585-371-3431

EUGENE R. CRIMI  
CHIEF CLERK

APRIL TERMINE  
DEPUTY CHIEF CLERK

TERESA D. JOHNSON  
SUPERVISING JUDGE

## COMMERCIAL CLAIMS FILING CHECKLIST

### COMMERCIAL CLAIMS

**CORPORATIONS, PARTNERSHIPS and ASSOCIATIONS who are suing OTHER CORPORATIONS, PARTNERSHIPS or ASSOCIATIONS.**

*The necessary forms to file are listed below:*

1. An Application
2. A Certificate of Authority
3. Internal Certification Form (Rochester City Court Form Only)

The Internal Form certifies that you have mailed the Demand Letter and have complied with maximum number of filings per calendar month.

### CONSUMER TRANSACTIONS

**CORPORATIONS, PARTNERSHIPS and ASSOCIATIONS who are suing INDIVIDUALS.**

*The necessary forms to file are listed below:*

1. An Application
2. A Certificate of Authority
3. A Demand Letter (Rochester City Court Form Only)

The Demand Letter must be mailed to the party complained against no less than 10 days and no more than 180 days prior to filing. You must furnish the Court with a copy of the Demand Letter mailed when you file.

4. Internal Certification Form (Rochester City Court Form Only)

The Internal Form certifies that you have mailed the Demand Letter and have complied with maximum number of filings per calendar month.

Please be sure all papers regarding your claim are filled out and that you follow the above instructions carefully. The base filing fee for a Commercial Claim or Consumer Transaction is **\$25.00**; there is an **additional \$ \_\_\_\_ in postage for each defendant or additional address.** (Please call 371-3412 for current postage rates)

Please have cash, certified bank check or money order made out for the exact amount when you come to file.

**Please be sure all papers regarding your claim are filled out and that you follow the above instructions carefully.**

**APPLICATION TO FILE COMMERCIAL CLAIM / CONSUMER TRANSACTION**  
**Rochester City Court - Civil Branch**  
**99 Exchange Boulevard Rm 6, Rochester, NY 14614**  
**(585) 371-3412**

**FILING FEE PAYMENT TYPES:** By Mail - Money Order/Certified Bank Check Payable to **Rochester City Court**  
 In Person - Cash or Visa/Mastercard **NO PERSONAL OR BUSINESS CHECKS ACCEPTED!**

**TYPE OF CLAIM**

**COMMERCIAL CLAIM** (Company Suing Company)  
*(Requires Completed Filing Limitation Certification\* [see below] and Certificate of Authority Form)*

**CONSUMER TRANSACTION** (Company Suing Individual)  
*(Requires Completed Filing Limitation Certification\* & Demand Letter Certification\*\* [see below], Certificate of Authority Form and Demand Letter)*

**FILING FEE**

*(Check One)*

\$25.00 plus postage for each defendant or additional address (call for current postage)

\$25.00 plus postage for each defendant or additional address (call for current postage)

**CLAIMANT: (NAME & ADDRESS)**

Name \_\_\_\_\_  
 D.B.A. (Doing Business As) \_\_\_\_\_  
 Street (No PO Boxes) \_\_\_\_\_  
 City/State/Zip Code \_\_\_\_\_  
 Daytime Phone # \_\_\_\_\_  
 Interpreter Needed Language: \_\_\_\_\_

**DEFENDANT: (NAME & ADDRESS)**

Name \_\_\_\_\_  
 D.B.A. (Doing Business As) \_\_\_\_\_  
 Street (No PO Boxes) \_\_\_\_\_  
 City/State/Zip Code \_\_\_\_\_  
 Daytime Phone # \_\_\_\_\_  
 Interpreter Needed Language: \_\_\_\_\_

**IF ADDITIONAL PARTIES, PRINT COPIES OF THIS FORM AND ATTACH**

**Amount of Claim:** \$ \_\_\_\_\_ (Do Not Include Filing Fee)      **Date of Loss:** \_\_\_\_ / \_\_\_\_ /20 \_\_\_\_

**Brief Description of Claim:**

(If Applicable) **Year, Make & Model of Vehicle/Property Address:** \_\_\_\_\_

I hereby declare under penalty of perjury that the claim or cause of action set forth herein has not previously been presented to any court or Judge.

\_\_\_\_\_  
**Claimant's Signature**

\_\_\_\_\_  
**Date**

**This section MUST be completed and notarized for a COMMERCIAL CLAIM or CONSUMER TRANSACTION:**

**\*FILING LIMITATION CERTIFICATION:** I hereby certify, based upon information and belief, that no more than five (5) actions or proceedings (including the instant action or proceeding) have been initiated in the courts of this state during the present calendar month.

\_\_\_\_\_  
 Claimant's Signature

\_\_\_\_\_  
 Notary/Clerk's Signature

\_\_\_\_\_  
 Date

**This section MUST be completed and notarized for a CONSUMER TRANSACTION:**

**\*\*DEMAND LETTER CERTIFICATION:** 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 action. (Attach copy of demand letter.)

\_\_\_\_\_  
 Claimant's Signature

\_\_\_\_\_  
 Notary/Clerk's Signature

\_\_\_\_\_  
 Date

**COMMERCIAL CLAIMS ARISING OUT OF A  
CONSUMER TRANSACTION**

**DEMAND LETTER**

To: \_\_\_\_\_ Date: \_\_\_\_\_  
(Name of Defendant)

\_\_\_\_\_  
(Street Address/Apartment Number)

\_\_\_\_\_  
(City) (State) (Zip Code)

You have not paid a debt owed to \_\_\_\_\_,  
which 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 the original debt instrument - 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 and address of claimant)

**ROCHESTER CITY COURT  
INTERNAL CERTIFICATION FORM**

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

\*Certification (NYCCCA 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 declare under the penalties of perjury that the claim or cause of action set forth herein has not previously been presented to any Court or Judge.

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.

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Signature of Claimant

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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.

**CERTIFICATE OF AUTHORITY**

(required in all Commercial Claim  
and Consumer Transaction Cases)

I, \_\_\_\_\_, am an \_\_\_\_\_  
(Your Name) (Officer, Director or Employee)

of \_\_\_\_\_  
(Name of Corporation, Partnership or Association)

and have been authorized to represent the aforesaid corporation, partnership or association in a

Commercial Claim/Consumer Transaction against:

\_\_\_\_\_  
(Name of Defendant)

I certify that I have the requisite authority to bind the corporation, partnership or association in a  
settlement or trial of any claim or counterclaim.

Dated: \_\_\_\_\_  
Signature

Sworn to before me this \_\_\_\_\_  
day of \_\_\_\_\_, 20 \_\_\_\_\_

\_\_\_\_\_  
Notary Public or Clerk of the Court