

Index Number: _____
 Court Date: _____ Time: _____
 Total Fee and Postage: \$ _____
 Clerk's Initials: _____

Application For Small Claim
Rochester City Court
 99 Exchange Boulevard, Room 6, Rochester, NY 14614
 585-371-3412

TYPE OF CLAIM

FILING FEE

(Check One)

SMALL CLAIM (Individual suing Individual or Company)

\$15.00 (\$1,000 or less)

\$20.00 (Over \$1,000)

FILING FEE PAYMENT TYPES

By Mail: Money Order or Certified Bank Check payable to **Rochester City Court**

In Person: Cash, Visa or Mastercard (Must present valid government issued photo I.D.) **No Personal or Business Checks**

<p align="center">CLAIMANT'S NAME AND ADDRESS</p> <hr/> <p>Last Name, First Name</p> <hr/> <p>D.B.A.: _____ <small>(Doing Business As)</small></p> <hr/> <p>Street Address (NO P.O. Boxes)</p> <hr/> <p>City, State, Zip</p> <p align="center">Telephone Number: () -</p> <hr/> <p>Interpreter Needed Language: _____</p>	<p align="center">2nd CLAIMANT'S NAME AND ADDRESS</p> <hr/> <p>Last Name, First Name</p> <hr/> <p>D.B.A.: _____ <small>(Doing Business As)</small></p> <hr/> <p>Street Address (NO P.O. Boxes)</p> <hr/> <p>City, State, Zip</p> <p align="center">Telephone Number: () -</p> <hr/> <p>Interpreter Needed Language: _____</p>
<p align="center">DEFENDANT'S NAME AND ADDRESS</p> <hr/> <p>Last Name, First Name or True Business Name</p> <hr/> <p>D.B.A.: _____ <small>(Doing Business As)</small></p> <hr/> <p>Street Address (NO P.O. Boxes)</p> <hr/> <p>City, State, Zip</p> <p align="center">Telephone Number: () -</p> <hr/> <p>Interpreter Needed Language: _____</p>	<p align="center">2nd DEFENDANT'S NAME AND ADDRESS</p> <hr/> <p>Last Name, First Name or True Business Name</p> <hr/> <p>D.B.A.: _____ <small>(Doing Business As)</small></p> <hr/> <p>Street Address (NO P.O. Boxes)</p> <hr/> <p>City, State, Zip</p> <p align="center">Telephone Number: () -</p> <hr/> <p>Interpreter Needed Language: _____</p>

If you need to list more than four parties, submit additional pages as needed and check here:

Date of Loss or Transaction: _____

Amount Claimed: \$ _____ *(Maximum Claim \$5000)*

Provide Claim Details Below:

(If Applicable) **Year, Make and Model of Vehicle/Property Address:** _____

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

SIGNED: _____ DATED: _____
 Claimant
 Authorized Agent