

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

**Application For Small/Commercial
 Counterclaim
 Rochester City Court**
 99 Exchange Boulevard, Room 6, Rochester, NY 14614
 585-371-3378

COUNTERCLAIM FILING FEE: \$5.00 plus \$ _____ postage x _____ Claimants
(Call for current postage rates)

FILING FEE PAYMENT TYPES

By Mail: Money Order or Certified Bank Check payable to **Rochester City Court**
In Person: Cash, Visa, Mastercard or American Express (Must present valid government issued photo I.D.) **No Personal or Business Checks**

<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>
<p align="center">CLAIMANT'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 CLAIMANT'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: _____
 Defendant
 Authorized Agent