

INSTRUCTIONS:
Place only **ONE** letter or number in each space
and leave a blank space between words.

**CIVIL COURT OF THE CITY OF NEW YORK
SMALL CLAIMS PART
STATEMENT OF CLAIM**

(FOR OFFICE USE ONLY)

I. CLAIMANT'S INFORMATION

(Your)

LAST NAME **MALEK**

FIRST NAME **ROBERT**

MIDDLE INITIAL _____

ADDRESS
(NO P.O. BOX) **338 JERICHO TURNPIKE # 209**

BOROUGH, CITY, TOWN OR VILL. **SYOSSET** STATE **NY** ZIP **11791**

OTHER INFO _____

[Doing Business As] [In Care Of]

[Attention To] **Circle One**

PHONE NO. **6017149251**

EMAIL

ABC75ABC@GMAIL.COM

(Their)

II. DEFENDANT'S INFORMATION*

LAST NAME **GONZALEZ**

(or Full Business Name)

FIRST NAME **HECTOR**

MIDDLE INITIAL _____

ADDRESS
(NO P.O. BOX) **60 E END AVE APT 5B,**

BOROUGH CITY, TOWN OR VILL. **NEW YORK** STATE **N Y** ZIP **10028-7973**

OTHER INFO _____

[Doing Business As] [In Care Of]

[Attention To] **Circle One**

PHONE NO. **212) 327-0103 , (212) 234-3229**

bklynsboriqua213@gmail.com

III. CLAIM

Amount Claimed: \$ **\$ 2010....** (Maximum \$10,000.00) Date of Occurrence or Transaction: **3-09-23**

Place of occurrence, if Auto Accident

PRIMARY REASON FOR CLAIM (Check One):

- | | | | | |
|--|--|---|---|---|
| Damage caused to: | <input type="checkbox"/> automobile | <input type="checkbox"/> other personal property | <input type="checkbox"/> real property | <input type="checkbox"/> person |
| Failure to provide: | <input type="checkbox"/> proper repairs | <input checked="" type="checkbox"/> proper services | <input type="checkbox"/> proper merchandise | <input type="checkbox"/> goods paid for |
| Failure to return: | <input type="checkbox"/> security | <input type="checkbox"/> property | <input type="checkbox"/> deposit | <input type="checkbox"/> money loaned |
| Failure to pay: | <input type="checkbox"/> salary | <input type="checkbox"/> for services rendered | <input type="checkbox"/> insurance claim | |
| | <input type="checkbox"/> rent | <input type="checkbox"/> commissions | <input type="checkbox"/> for goods sold and delivered | |
| Breach of. | <input type="checkbox"/> contract | <input type="checkbox"/> lease | <input type="checkbox"/> warranty | <input checked="" type="checkbox"/> agreement |
| Loss of: | <input type="checkbox"/> luggage | <input type="checkbox"/> property | <input type="checkbox"/> time from work | <input type="checkbox"/> use of property |
| Returned: | <input type="checkbox"/> check (bounced) | <input type="checkbox"/> check (stopped) | | |
| <input checked="" type="checkbox"/> Other: (Be brief) | services paid for, not received | | | |

IDENTIFYING NUMBER(S) - (Receipt #, Claim #, Account #, Policy #, Ticket #, License #, Plate #'s)) **22 CV 5416 CON.**

06-17-23

Today's Date

Robert M. Malek



Signature of Claimant or Agent

CERT'D # _____

COA CODE _____

CLAIM AMT.

\$ _____

FEE

STANDARD FEE

☐ CLAIMANT V. DEFENDANT

NO FEE

☐ DEFENDANT V. THIRD PARTY

☐ CLAIMANT V. ADD'L DEFENDANT

POSTAGE ONLY

☐ WAGE CLAIM TO \$300

LANGUAGE _____

DATE DATA ENTERED _____

DATE NOTICES MAILED _____

CASE TYPE:

MULTI DFT ☐ CTR/CLM ☐

3 PARTY ☐ CRS/CMPLT ☐

FIRST DATE _____

DAY COURT

☐ STATUTORY ☐ OTHER

* DEFENDANT'S NAME: The **legal** name will be required in order to obtain an enforceable judgment. If the Defendant is a **business**, its full and correct **business name** should be obtained from the Office of the County Clerk in the county in which the business is located or check on the following website: www.dos.ny.gov

DEFENDANT'S ADDRESS: YOU must indicate the proper street address of the Defendant. A Post Office Box is not acceptable.

FREE CIVIL COURT FORM

No fee may be charged to fill in this form.

Form can be found at