

# Civil Court of the City of New York

County of \_\_\_\_\_

Index Number \_\_\_\_\_

## SELF REPRESENTED WRITTEN ANSWER AND VERIFICATION

Plaintiff(s),  
-against-

Defendant(s),

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
*Plaintiff/Attorney for Plaintiff*

### WRITTEN ANSWER

I \_\_\_\_\_, am the Defendant in this action. As my answer to the allegation(s) made in the Complaint, I offer the following:

1. \_\_\_\_\_ General Denial (*I deny the allegations in the complaint*)

2. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. Counterclaim: \$ \_\_\_\_\_ Reason: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Defendant in Person

\_\_\_\_\_  
Defendant's Address

\_\_\_\_\_  
Defendant's Telephone No.

\_\_\_\_\_  
City, State, Zip Code

### VERIFICATION

State of New York, County of \_\_\_\_\_ ss.:

\_\_\_\_\_, being duly sworn, deposes and says: I am the Defendant in this proceeding. I have read the Written Answer and know the contents to be true from my own knowledge, except as to those matters stated on information and belief, and as to those matters I believe them to be true.

\_\_\_\_\_  
Defendant

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

Notary Public/Court Employee and Title  
CIV-GP-58e Self Represented Written Answer 12-08

FREE CIVIL COURT FORM

No fee may be charged to fill in this form.

Form can be found at: <http://www.nycourts.gov/courts/nyc/civil/forms.shtml>.

For Court Use Only

Initial Calendar Date: \_\_\_\_\_

Both Sides Notified: \_\_\_\_\_

\$145

**CIVIL COURT OF THE CITY OF NEW YORK**  
**In-Person (Pro Se) Clerk**

**INSTRUCTIONS FOR PLAINTIFFS SUING IN PERSON**

**A. SERVICE**

1. You may **NOT** serve the summons yourself.
2. You may **NOT** use a police officer to serve the summons.
3. Anyone over the age of 18 years, and **NOT A PARTY** to the action may serve the summons.
4. If you wish, you may employ the services of a Process Server. See the yellow pages of the phone book to locate one.
5. The **COPY** of the summons shall be served on the defendant **PERSONALLY**.
6. If the defendant is a corporation, the **COPY** of the summons must be served on an Officer or Managing Agent of that corporation. The person making the service shall find out the name of the person served, and the office s/he holds in the corporation.
7. Service on the defendant may be made on any day **EXCEPT** on **SUNDAY** and must be completed within 120 days of the date of the summons.

**B. SERVICE: OUT OF STATE DEFENDANTS**

1. Contact the Sheriff's Department in the county where the defendant is located. Let the sheriff know you have a summons that needs to be served on a resident (or business) in that county. Follow the Sheriff's instructions. After this is done proceed to Section C of these instructions on how to complete service.

**C. AFFIDAVIT OF SERVICE FOR ALL DEFENDANTS**

1. After the Copy of the summons has been served, the person who served it shall fill out the form stapled to another copy of the summons, called the Affidavit of Service. The affidavit of service shall include a description of color of skin, hair color, approximate age, approximate weight and height, and other identifying features of the person served.
2. After the Affidavit of Service has been filled out, the server shall sign it before a Notary Public and have it notarized. (Note: This is not necessary for the Sheriff).
3. When the Affidavit of Service has been filled out, signed and notarized, it shall be returned to the Clerk's Office. **RETURN PAPERS TO ROOM 303!!!**
4. The defendant normally has twenty (20) days, exclusive of the day of service to appear in court and file an answer. The exception is if the summons is served outside the City of New York, or by any means other than personal Delivery within the City of New York, in which case the defendant has thirty (30) days to answer from filing the proof of the service with the court.

# CIVIL COURT OF THE CITY OF NEW YORK

## DIRECTIVES AND PROCEDURES

Subject: Certificate of Conformity

Class: DRP-189 Amended

Category: GP-10 & LT-10

Eff. Date: January 1, 2010

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## BACKGROUND

A person filing an affidavit in New York State must have that affidavit notarized. Most of the affidavits received by the court are notarized by a notary in New York State. Lately we have been receiving many affidavits signed outside of New York State and notarized by a foreign notary. CPLR 2309 (c) addresses the requirements for affidavits notarized outside of the state and states as follows:

"Oaths and affirmations taken without the state. An oath or affirmation taken without the state shall be treated as if taken within the state if it is accompanied by such certificate or certificates as would be required to entitle a deed acknowledged without the state to be recorded within the state if such deed had been acknowledged before the officer who administered the oath or affirmation."

RPL section 299-a, mandates that an affidavit signed outside of the state by a foreign notary must be accompanied by a certificate of conformity which certifies that the manner in which the acknowledgment was taken conforms with the laws of the State of New York or the laws of the state or other place where the acknowledgment was taken. See Ford Motor Company v. Prestige Gown Cleaning Service Inc., et al., 193 Misc. 2d 262 [2002].

If an out of state notarization is unaccompanied by such certificate the defect can be cured nunc pro tunc.

Given the increasing number of out of state affidavits being filed we are instituting the following rules.

## DIRECTIVE

Effective January 1, 2010, any affidavit submitted to the court which has been notarized outside of New York State must have a certificate of conformity attached. The certificate must be made by an attorney admitted to practice in New York State residing in the other jurisdiction, by an attorney admitted to practice in the other jurisdiction, or by any other person provided that a justice, judge, surrogate, or other presiding judicial officer appends a statement signed by him/her that s/he deemed the person qualified to make the certificate.

The certificate must state that the acknowledgment was taken following the laws of New York State or of the other jurisdiction and that the person notarizing the affidavit conformed to the laws of New York State or must specify the other jurisdiction and state that the person notarizing the affidavit conformed to the laws of that jurisdiction.

## CIVIL COURT OF THE CITY OF NEW YORK

## APPLICATION FOR A SUMMONS

## PARTIES

**PLAINTIFF:** Please print your name, complete address, including your apartment number (no P.O. box number) and telephone number. [Please note: If the claim is based on an auto accident, the claim must be *Owner against Owner*. A Corporation must be represented by an attorney.]

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**DEFENDANT(S):** Please print the full legal name and street address (no P.O. box number) of the party(ies) you are suing. Indicate whether you are suing this party as a person or a business. [Please note: If you are suing a business, indicate whether it is a partnership, a corporation or an individual with a business certificate. This information can be obtained in the County Clerk's Office in the county in which the business is located. Failure to check this information may result in a judgment which cannot be executed.]

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## REASON FOR CLAIM:

Damage cause to: ☐ automobile

Failure to provide: ☐ repairs

Failure to return: ☒ security

Failure to pay for: ☐ wages  
☐ rent

Breach of: ☐ contract

Loss of: ☐ luggage

Returned: ☐ check (bounced)

Other: (Be brief)

## CLAIM

☐ person

☐ proper service

☐ property

☐ services rendered

☐ commissions

☐ lease

☐ property

☐ merchandise (not reimbursed)

☒ property other than automobile

☒ goods ordered

☐ deposit ☐ money

☐ insurance claim ☐ money loaned

☐ goods sold and delivered

☒ time from work ☒ use of property

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## DETAILS OF CLAIM:

Amount of Claim: (Limit \$25,000 for each Cause of Action) \$ \_\_\_\_\_

Date of Occurrence: Month \_\_\_\_\_ Date \_\_\_\_\_ Year \_\_\_\_\_

Place of Occurrence: \_\_\_\_\_

If Car Accident: YOUR license plate # \_\_\_\_\_ DEFENDANT'S license plate # \_\_\_\_\_

Identifying Number(s): \_\_\_\_\_  
(Receipt #, Claim #, Account #, Policy #, Ticket #, etc.)

Date

X

Signature of Plaintiff

**PARTIES**

**PLAINTIFF:** Please print your name, complete address, including your apartment number (no P.O. box number) and telephone number. [Please note: If the claim is based on an auto accident, the claim must be **Owner** against **Owner**]. A Corporation must be represented by an attorney.

**PRINT YOUR FULL NAME**

**PRINT YOUR FULL ADDRESS, INCLUDING CITY, STATE &**

**5-DIGIT ZIP CODE**

**DAYTIME TELEPHONE NUMBER**

**DEFENDANT(S):** Please print the full legal name and street address (no P.O. box number) of the party(ies) you are suing. Indicate whether you are suing this party as a person or a business. [Please note: If you are suing a business, indicate whether it is a partnership, a corporation or an individual with a business certificate. This information can be obtained in the County Clerk's Office in the county in which the business is located. Failure to check this information may result in a judgment which cannot be executed.]

**PRINT THE FULL NAME OF THE PERSON OR BUSINESS YOU ARE SUING, INCLUDE THEIR FULL STREET ADDRESS, INCLUDING CITY, STATE & 5 DIGIT ZIP CODE (P.O. BOX IS NOT ACCEPTABLE)**

**CLAIM****REASON FOR CLAIM:**

- |                     |   |  |   |
|---------------------|---|--|---|
| Damage cause to:    | <input type="checkbox"/> automobile                             | <input type="checkbox"/> person  | <input type="checkbox"/> property other than automobile   |
| Failure to provide: | <input type="checkbox"/> repairs                                | <input type="checkbox"/> proper service  | <input type="checkbox"/> goods ordered  |
| Failure to return:  | <input type="checkbox"/> security                               | <input type="checkbox"/> property  | <input type="checkbox"/> deposit <input type="checkbox"/> money   |
| Failure to pay for: | <input type="checkbox"/> wages<br><input type="checkbox"/> rent | <input type="checkbox"/> services rendered<br><input type="checkbox"/> commissions | <input type="checkbox"/> insurance claim <input type="checkbox"/> money loaned<br><input type="checkbox"/> goods sold and delivered |
| Breach of:          | <input type="checkbox"/> contract                               | <input type="checkbox"/> lease   |   |
| 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"/> merchandise (not reimbursed)                              |   |

Other: (Be brief)

**CHECK OFF ONLY ONE BOX FOR EACH REASON YOU ARE SUING. IF YOU CHECK MORE THAN ONE BOX, YOU MUST ENTER A \$\$\$ AMOUNT NEXT TO EACH BOX CHECKED.**

**DETAILS OF CLAIM:**

Amount of Claim: (Limit \$25,000 for each Cause of Action) \$ TOTAL AMOUNT OF CLAIMS

Date of Occurrence: MM/DD/YY

Place of Occurrence: CITY/STATE

If Car Accident: YOUR license plate #

DEFENDANT'S license plate #

Identifying Number(s):

(Receipt #, Claim #, Account #, Policy #, Ticket #, etc.)

X

Date

Signature of Plaintiff