

**NASSAU DISTRICT COURT - ADDITIONAL PARTIES FORM - SMALL/COMMERCIAL CLAIMS**

Check One  Additional Claimant Information (No P.O. Boxes) or  
if additional party  Additional Defendant Information (Must Have Nassau County Address - No P.O. Boxes)

First Name \_\_\_\_\_ Middle \_\_\_\_\_ Last \_\_\_\_\_  
or Legal Business Name \_\_\_\_\_  
DBA \_\_\_\_\_  
Address: \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

---

Check One  Additional Claimant Information (No P.O. Boxes) or  
if additional party  Additional Defendant Information (Must Have Nassau County Address - No P.O. Boxes)

First Name \_\_\_\_\_ Middle \_\_\_\_\_ Last \_\_\_\_\_  
or Legal Business Name \_\_\_\_\_  
DBA \_\_\_\_\_  
Address: \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

---

Check One  Additional Claimant Information (No P.O. Boxes) or  
if additional party  Additional Defendant Information (Must Have Nassau County Address - No P.O. Boxes)

First Name \_\_\_\_\_ Middle \_\_\_\_\_ Last \_\_\_\_\_  
or Legal Business Name \_\_\_\_\_  
Address: \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

---

Check One  Additional Claimant Information (No P.O. Boxes) or  
if additional party  Additional Defendant Information (Must Have Nassau County Address - No P.O. Boxes)

First Name \_\_\_\_\_ Middle \_\_\_\_\_ Last \_\_\_\_\_  
or Legal Business Name \_\_\_\_\_  
DBA \_\_\_\_\_  
Address: \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

---

Check One  Additional Claimant Information (No P.O. Boxes) or  
if additional party  Additional Defendant Information (Must Have Nassau County Address - No P.O. Boxes)

First Name \_\_\_\_\_ Middle \_\_\_\_\_ Last \_\_\_\_\_  
or Legal Business Name \_\_\_\_\_  
DBA \_\_\_\_\_  
Address: \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

---

\_\_\_\_\_  
Signature of Claimant

\_\_\_\_\_  
Date