

UNITED STATES DISTRICT COURT
SOUTHERN DISTRICT OF NEW YORK

Write the first and last name of each plaintiff.

Case No. _____ CV _____

-against-

**DECLARATION OF
SUM CERTAIN**

Write the first and last name of each defendant.

ONLY COMPLETE THIS FORM IF YOU SEEK A SUM CERTAIN

I, _____, declare that this action seeks judgment in an amount that is sum certain. This sum certain amount includes the following:

1. Principal amount of \$_____, plus interest at _____ percent, for a total amount of \$_____.
2. Litigation costs, which include the filing fees for this action, in the amount of \$_____, and costs associated with the use of a process server service in the amount of \$_____.

The total judgment amount as of _____, 20____ \$_____.

This amount is due to the plaintiff from defendant _____.

This declaration complies with Rule 55(b)(1) of the Federal Rules of Civil Procedure and Local Civil Rule 55.2(b).

Executed on (date)

Signature

Name

Prison Identification # (if incarcerated)

Address

City

State

Zip Code

Telephone Number (if available)

E-mail Address (if available)

UNITED STATES DISTRICT COURT
SOUTHERN DISTRICT OF NEW YORK

Write the first and last name of each plaintiff.

Case No. _____ CV _____

-against-

DECLARATION

Write the first and last name of each defendant.

I, _____, declare the following:

1. The Clerk of Court entered judgment on _____.
2. Defendant _____ is not an infant or incompetent.
3. Defendant _____ is not currently serving in the United States military.

Executed on (date)

Signature

Name

Prison Identification # (if incarcerated)

Address

City

State

Zip Code

Telephone Number (if available)

E-mail Address (if available)

UNITED STATES DISTRICT COURT
SOUTHERN DISTRICT OF NEW YORK

Write the first and last name of each plaintiff.

Case No. _____ CV _____

-against-

CERTIFICATE OF SERVICE

Write the first and last name of each defendant.

I, _____,

affirm that the foregoing documents have been personally served on

_____ or mailed to the last

known address of _____

at _____.

Executed on (date)

Signature

Name

Prison Identification # (if incarcerated)

Address

City

State

Zip Code

Telephone Number (if available)

E-mail Address (if available)