

Application for Small Claims Suit

Plaintiff _____

Address _____

Telephone _____

Defendant _____

Address _____

Telephone _____

Amount \$ _____

Brief Description of Claim _____

I certify and affirm that the above information is true and accurate to the best of my knowledge:

Dated: _____

Signed: _____

Plaintiff

Schedule of Fees:

Up to and including \$1000.00 - \$10.00 filing fee

\$1001.00 up to \$3000.00(maximum) - \$15.00 filing fee

Return to: Shandaken Justice Court, Town Hall Rte 28 PO Box 6, Shandaken NY 12480

Questions? 845-688-5005