

APPLICATION TO FILE SMALL CLAIM

STATE OF NEW YORK
TOWN OF CROGHAN COURT
Hon. Carol Monnat
Hon. Kevin J. O'Neill

Filing Fee: -\$10 if under \$1,000
-\$15 if \$1,000 to \$3,000
Aimee Murphy – Court Clerk

Date: _____

Name of Claimant: _____

Address: _____

Telephone: _____

-against-

Name of Defendant: _____

Address: _____

Telephone: _____

Amount of Claim: _____

Briefly describe why you are filing this claim: _____

I hereby certify that all information in this application is the absolute truth under the penalty of perjury.

Signature of Claimant

FOR CLERK/JUSTICE USE ONLY

Docket #: _____ Receipt #: _____

Notice was mailed on _____ day of _____, _____ to the Defendant at the above listed address.

Date of Delivery: _____, _____

Trial date _____, _____ at _____: _____ M

Name of person who signed receipt: _____