

APPLICATION TO FILE SMALL CLAIM

STATE OF NEW YORK
TOWN OF LOWVILLE COURT
Franz Philippe
Town Justice

Filing Fee: -\$10 if under \$1,000
-\$15 if \$1,000 to \$3,000
Erin 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: _____