

APPLICATION TO FILE SMALL CLAIM

STATE OF NEW YORK
TOWN OF LOWVILLE COURT
Hon. Franz Philippe, Town Justice
Hon. Amanda Eaves, 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 Respondent: _____

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 _____, 20____ to the Defendant at the above address.
Date of Delivery: _____, 20____
Trial Date: _____, 20____ at _____:_____ M
Name of person who signed receipt: _____