

APPLICATION TO FILE SMALL CLAIMS (5/12/08))

CITY COURT OF ONEONTA, NEW YORK

COUNTY OF OTSEGO

PAYMENT MUST ACCOMPANY APPLICATION AND BE IN THE FORM OF: CASH, MONEY ORDER, CERTIFIED CHECK, CREDIT CARD (see authorization form for details). NO PERSONAL CHECKS!

TYPE OF CLAIM	FILING FEE	FORMS	CHECK ONE
SMALL CLAIMS Individual suing an Individual or Business	\$15 - Claim of \$1,000 or less \$20 - Claim above \$1,000, under \$5.000	Application	
COUNTERCLAIM	\$5 - filing fee \$.42 postage PER plaintiff	Application	

DATE OF APPLICATION: _____

INDEX # _____

COURT USE: Notice was mailed to defendant REGULAR & CERTIFIED mail on (date): Initials:
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CORPORATIONS, PARTNERSHIPS OR ASSOCIATIONS MUST USE COMMERCIAL CLAIMS - PLEASE CONTACT THE COURT FOR THE APPLICATION.

CLAIMANT/PLAINTIFF:

Address:

STREET:		
CITY:	STATE:	ZIP CODE:
DAYTIME TELEPHONE NUMBER:		

-against-

DEFENDANT (S): (include all parties you wish to sue):

Address: home or place of employment (address must be in **OTSEGO COUNTY** except counterclaims):

STREET:		
CITY:	STATE:	ZIP CODE:

AMOUNT OF CLAIM: \$	DATE CLAIM INCURRED:
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Nature of Claim (brief):

Signature of Claimant/Plaintiff

YOU MAY REQUEST THAT THE HEARING BE SCHEDULED DURING THE EVENING HOURS; SUCH REQUEST MUST BE MADE BY CLAIMANT AT THE TIME THE CLAIM IS FILED.