

APPLICATION TO FILE SMALL CLAIM
State of New York
County of Oswego, City Court of Fulton/Oswego

Index Number: _____

\$15.00 - Claims up to \$1,000.00
\$20.00 - Claims between \$1,001.00 and \$5,000.00
\$5.00 - plus postage for Counterclaim per Defendant

Payment options: cash, money order, certified
certified bank check, credit card - Visa, Master Card
or Discover, with photo ID.
No personal or business checks will be accepted.

PLAINTIFF: (Name & Address - No PO Box)

CO-PLAINTIFF: Name & Address - No PO Box)

Print Name _____

Print Name _____

DBA _____

DBA _____

Street _____

Street _____

City/State/Zip _____

City/State/Zip _____

Phone: Home _____ Work: _____

Phone: Home _____ Work: _____

Email: _____

Email: _____

DEFENDANT: (Name & Address - No PO Box)

2nd DEFENDANT: (Name & Address - No PO Box)

Print Name _____

Print Name _____

DBA _____

DBA _____

Street _____

Street _____

City/State/Zip _____

City/State/Zip _____

Phone: Home _____ Work: _____

Phone: Home _____ Work: _____

Email: _____

Email: _____

Amount of Claim: (Do no include filing fees) \$ _____

Briefly state reason for claim: (Attachments are not accepted)

Date

Signature of person filing claim