

Warsaw Town/Village Justice Courts
15 S. Main Street, PO BOX 49
Warsaw, NY 14569 (585) 786-3361

NO REFUNDS

APPLICATION FOR SMALL CLAIMS

FILING FEE - \$10.00 IF AMOUNT IS \$1000.00 OR LESS

\$15.00 FOR CLAIMS EXCEEDING \$1000.00

PARTNERSHIP, CORPORATIONS, ASSOCIATIONS OR ASSIGNEES
ARE NOT PERMITTED TO FILE IN SMALL CLAIMS

\$3,000 LIMIT

PLEASE PRINT

DEFENDANT(Name of party you are suing)

PLAINTIFF(Name of party filing claim)

NAME _____

NAME _____

ADDRESS _____

ADDRESS _____

CITY _____ ZIP _____

CITY _____ ZIP _____

TELEPHONE(H) _____ (W) _____

TELEPHONE(H) _____ (W) _____

CO-DEFENDANT(If applicable)

CO-PLAINTIFF(If applicable)

NAME _____

NAME _____

ADDRESS _____

ADDRESS _____

CITY _____ ZIP _____

CITY _____ ZIP _____

AMOUNT \$ _____ (NOT TO EXCEED \$3,000) *DO NOT INCLUDE FILING FEE

DATE OF INCIDENT: _____ TO _____

REASON (CHECK ONE):

RENT DUE - ADDRESS: _____

RETURN OF SECURITY DEPOSIT
ADDRESS: _____

AUTO ACCIDENT - WHERE: _____

OTHER: _____

DETAILS (PLEASE BE BRIEF): _____

I HEREBY AFFIRM UNDER PENALTY OF PURGERY THAT THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

DATED: _____ **SIGNATURE:** _____