

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: \_\_\_\_\_