

Pine Plains Town Court

APPLICATION FOR SMALL CLAIMS COURT ACTION

P.O. Box 320, Pine Plains, New York, 12567

tel. 518-398-7194 *** fax 518-398-0227

Plaintiff Information (Person filing the suit)

_____		_____
Name		Street Address

		Town, State & Zip Code
		(_____)

		Phone Number

Defendant Information (Person you wish to sue)

_____		_____
Name		Street Address

		Town, State & Zip Code
		(_____)

		Phone Number

Why are you suing?

Briefly state the reason this money is due to you (i.e., auto accident damages, rental security deposit not returned, services rendered, goods sold, etc.). Please be brief and limit your entry to no more than 140 characters. You may elaborate on your claim in person when your matter is called before the Town Justice in open court.

What date did this money become due to you? _____

What is the total amount owed to you? \$ _____

I, _____(Plaintiff), certify that the information I entered above is accurate and truthful and that I am filing this action because I have a meritorious claim. I further certify that I have not sought relief regarding this claim in another court.

Signature of Plaintiff: _____ Date: _____

To Be Completed By Court Personnel ONLY:

Date of Filing: _____ Initials of Clerk Accepting Filing: _____