

SMALL CLAIMS FORM

Instructions:

1. You are the Plaintiff.
2. The Defendant must live in the Town of Knox, work in the Town of Knox, or operate a business in the Town of Knox, and must have a mailing address within the county of Albany which is not a post office box.
3. The amount of your Small Claim may not exceed \$3,000.00
4. Please keep your description of the claim as brief as possible, 25 words or less.
5. If you, the Plaintiff, are a partnership, corporation, assignee or insurer you may not file a Small Claim in New York state.

PLAINTIFF

Name: _____

Address: _____

_____ N.Y. Zip Code: _____

Phone: _____

DEFENDANT

Name: _____

Address: _____

_____ N.Y. Zip Code: _____

Phone: _____

Amount of Claim: \$ _____ Approximate Date Claim Arose: _____

Brief Description of Claim: _____

Plaintiff's Signature: _____ Date: _____

Please include the amount of \$10.00 (for claims up to \$1000.00) or \$15.00 (for claims over \$1000.00), check or money order, made payable to Knox Justice Court. Mail this completed form, along with your remittance to:

Justice Court, Town of Knox, PO Box 124, Knox, NY 12107