

APPLICATION TO FILE SMALL CLAIM

STATE OF NEW YORK
COUNTY OF STEUBEN

JUSTICE COURT
TOWN OF COHOCTON

DATE _____

NAME OF CLAIMANT _____

ADDRESS _____

PHONE _____

-AGAINST-

NAME OF DEFENDANT _____

ADDRESS _____

AMOUNT OF CLAIM _____

BRIEF EXPLANATION OF CLAIM _____

FILING FEE: \$10.00 FOR CLAIMS OF \$1000 OR LESS

\$15.00 FOR CLAIMS OF OVER \$1000

SIGNATURE OF CLAIMANT