

**APPLICATION TO FILE SMALL CLAIMS**

JUSTICE COURT: TOWN OF ENFIELD COUNTY OF TOMPKINS

Filing Fee: Money Order, Certified Check or Cash (No Personal or Business Checks accepted)

<b><u>Type of Claim:</u></b>	<b><u>Filing Fee:</u></b>	<b><u>(Check One)</u></b>
Small Claim	\$10.00 Claim of \$1,000 or less	_____
	\$15.00 Claim exceeding \$1,000	_____

Date: \_\_\_\_\_

Name of Claimant: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone Number: (Work) \_\_\_\_\_ (Home) \_\_\_\_\_

Name of Defendant: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone Number of Defendant: \_\_\_\_\_

Amount of Claim \$ \_\_\_\_\_

(Claim not to exceed \$3,000.00 – Do Not include filing fee)

Nature of Claim including all pertinent information including descriptions, dates, addresses, etc.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Dated: \_\_\_\_\_

\_\_\_\_\_  
Signature of Claimant