

# SMALL CLAIM INFORMATION FORM

FAYETTEVILLE VILLAGE COURT  
425 East Genesee Street  
Fayetteville, New York 13066  
(315) 637-8070

Plaintiff's Name: \_\_\_\_\_

(Party applying for Small Claim action)

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

Email address: \_\_\_\_\_

Telephone: \_\_\_\_\_

Are you retaining an attorney? Yes No

Attorney's Name \_\_\_\_\_

Defendant's Name: \_\_\_\_\_

(Party being sued)

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

Email address: \_\_\_\_\_

Telephone: \_\_\_\_\_

Dollar Amount of Claim: \$ \_\_\_\_\_

Plus Court Cost: \$ \_\_\_\_\_

Total Amount of Claim: \$ \_\_\_\_\_

Court Costs: \$10 for claim \$1,000 or less

\$15 for claim \$1,000 to \$3,000 limit

**NO PERSONAL CHECKS ACCEPTED**  
**CASH, MONEY ORDER, CERTIFIED CHECK**

## BRIEF EXPLANATION OF CLAIM

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

*You should NOT leave evidence, such as documentation, pictures, etc. with the Court at this time. All evidence, testimony and/or witnesses will be considered on the scheduled Court date. Please bring two extra sets of all documents you plan to submit, if possible.*

Did you attempt to contact the Defendant prior to filing this Small Claim: Yes No If yes, check below:

In person \_\_\_\_\_

By mail \_\_\_\_\_

By telephone \_\_\_\_\_

Other \_\_\_\_\_

## FOR OFFICE USE ONLY

Initials of Judge/Clerk reviewing info: \_\_\_\_\_

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

Approved \_\_\_\_\_

Denied \_\_\_\_\_

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

Receipt No.: \_\_\_\_\_

Court Date: \_\_\_\_\_ Time: \_\_\_\_\_

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