

Application to File a Small Claims

Filing Fee: \$10.00- \$0.00 up to \$1000.

\$15.00- \$1001 up to \$3000.

Date _____ Location of incident _____

Claimant (Person Filing Claim) _____ Address _____

Town of incident _____ Phone() _____

-Against-

Defendant _____ Address _____

Amount of Claim \$ _____ (Do not include filing fee)

Nature of Claim

Approximate Date claim arose _____

I hereby certify that above is true and accurate to the best of my knowledge.

Signature of Claimant _____ Date _____

Signature of Clerk _____ Date _____

Small Claim Given Y/N Receipt number _____ Amount _____ CASH/M.O./C.Card
