

SMALL CLAIMS COURT: TOWN OF KINGSTON
906 SAWKILL RD KINGSTON N.Y. 12401

TRIAL DATE: _____

DATE: _____

NAME: _____

PLAINTIFF

ADDRESS: _____

VS.

PHONE: _____

NAME: _____

DEFENDANT

ADDRESS: _____

PHONE: _____

REASON FOR CLAIM (Brief Description) _____

_____ AMOUNT OF CLAIM: _____

SIGNATURE: _____

COUNTER CLAIM (Brief Description) _____

_____ AMOUNT OF CLAIM: _____

SIGNATURE: _____

COUNTER CLAIM FEE: \$3.00 PLUS POSTAGE

OFFICE USE ONLY

Claim: \$1.00 to \$1,000.00

Fee: \$10.00

Rec# _____

\$1,001.00 to \$3,000.00

\$15.00

Rec# _____

**Booklet provided to Plaintiff _____

**Booklet mailed to Plaintiff _____ Defendant _____

**Clerk Taking Claim _____

****NO PERSONAL CHECKS ACCEPTED****