

NO REFUNDS

APPLICATION FOR SMALL CLAIMS

FILING FEE - \$10.00 IF AMOUNT IS \$1,000.00 OR LESS
\$15.00 FOR CLAIMS EXCEEDING \$1,000.00

PARTNERSHIP, CORPORATIONS, ASSOCIATIONS OR ASSIGNEES
ARE NOT PERMITTED TO FILE IN SMALL CLAIMS

PLEASE PRINT

DEFENDANT (Name of party you are suing)

PLAINTIFF (Name of party filing claim)

1. NAME _____

1. NAME _____

ADDRESS _____

ADDRESS _____

CITY _____ ZIP _____

CITY _____ ZIP _____

TELEPHONE (H) _____ (W) _____

TELEPHONE (H) _____ (W) _____

CO-DEFENDANT (If applicable)

CO-PLAINTIFF (If applicable)

2. NAME _____

2. NAME _____

ADDRESS _____

ADDRESS _____

CITY _____ ZIP _____

CITY _____ ZIP _____

AMOUNT \$ _____ (NOT TO EXCEED \$3,000.00) DO NOT INCLUDE FILING FEE

DATE OF INCIDENT: _____ TO: _____

REASON (CHECK ONE):

_____ RENT DUE – WHAT ADDRESS: _____

_____ RETURN OF SECURITY DEPOSIT –

_____ WHAT ADDRESS: _____

_____ AUTO ACCIDENT – WHERE: _____

_____ OTHER

DETAILS (PLEASE BE BRIEF): _____

I HEREBY AFFIRM THAT THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

DATE: _____

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