

Kingsbury Town Court

6 Michigan Street

Hudson Falls, N.Y. 12839

Telephone (518) 747-2188 Ext. 3009 or 3010

Fax to E-Mail: (518)471-4860

Hon. Anthony M. White
Town Justice

Erin Strain/Brittany McGaughnea
Court Clerks

Application for Small Claims Action

Date: _____

Filing Fee: Claim up to \$1000.00 - \$10.00

\$1001.00 to \$3000.00 - \$15.00

Counter Claim: \$3.00 plus Current Mailing Rate

(Payable in Cash, Money Order, or Certified Check ONLY)

Plaintiff: (Please **PRINT** clearly)

Name: _____

Address: _____

Telephone # (**MUST** be included): _____

Defendant: (please **PRINT** clearly)

Name: _____

Address: _____

Telephone # (**MUST** be included): _____

Total Amount of this claim: \$ _____ (Can **NOT** exceed \$3000.00)

Nature of claim (please be brief & **PRINT** clearly):

For Court Use Only - DO NOT WRITE BELOW

Docket#: _____

Small claims#: _____

Receipt #: _____

Court Date: _____