

SMALL CLAIM INFORMATION FORM

MINOA VILLAGE COURT
240 North Main Street
Minoa, New York 13116
(315) 656-2203

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: _____