

**Town of Haverstraw Justice Court
ONE ROSMAN ROAD GARNERVILLE, NEW YORK 10923
(845) 947-0020 (845) 947-0097**

Ivonne S. Santos
Town Justice

George G. Coffinas
Town Justice

SMALL CLAIMS APPLICATION
and
COUNTERCLAIM APPLICATION

PLEASE PRINT ALL INFORMATION

Date claim submitted: _____ Tele.# _____

Name of Plaintiff: _____

Street: _____

City: _____ State: _____ Zip Code _____

Plaintiff Email : _____

vs.

Name of Defendant: _____

Street: _____

City: _____ State _____ Zip Code _____ Tele.# _____

Defendant Email (If known) _____

Brief State of Claim: _____

Amount of Claim _____

DATE _____

SIGNATURE OF PLAINTIFF _____

For the Plaintiff:

Complete this application and return it to the court with the appropriate fee ie: up to \$1000-\$10.00 Fee, \$1001-\$3000-\$15.00 Fee. Payment must be made with cash, money order or certified check. This application will be attached to the court notice that is sent to the Defendant. The court will notify all parties of the date and time that they are to appear in the Town of Haverstraw Court.

I hereby certify that I have received the small claims booklet and that I am not filing as a corporation or partnership.

X _____
Signature