THURSTON TOWN COURT

7578 County Route 333
CAMPBELL, NY 14821
Phone/Fax: 607-527-6157
Hon. Holly s. Chase

Application for Small Claims

Plaintiff Information

Name: _____

Phone: _____

Mailing Address: (No PO Boxes)_____

_____

Defendant Information

Name: _____

Phone: _____

Mailing Address: (No PO Boxes)_____

_____

Amount of Claim: *(Not to exceed $3000)*$_____

Reason for seeking claim:_____

_____

_____

_____

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_____

_____

You may attach additional information if necessary. Please include COPIES of any supporting documents.

_____ _____

Plaintiff's Signature Date

***Fees must be paid in full before your application is complete. Fees may be paid in certified check, money order or cash to Thurston Town Court.*
Claims less than $1000- $10 filing fee plus $5 certified mailing fee: $15 total.
Claims $1,000-$3000-$15 filing fee plus $ 5 certified mailing fee: $20 total.

A Small Claims Handbook is available upon request. You may also view/download a current copy of this handbook at: http://www.nycourts.gov/COURTHELP/Booklets/SmallClaimsHandbook.pdf