

# SMALL CLAIM APPLICATION

Lysander Town Court  
8220 Loop Road  
Baldwinsville, NY 13027  
(315) 638-1308

Presiding Judge: \_\_\_\_\_ Date: \_\_\_\_\_

Plaintiff's Name: \_\_\_\_\_

(Party applying for small claim action)

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

Attorney: ☐ yes ☐ no

Defendant's Name: \_\_\_\_\_

(Party being sued)

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

Dollar Amount of Claim: \$ \_\_\_\_\_

Plus Court Costs \$ \_\_\_\_\_

Total Amount of Claim: \$ \_\_\_\_\_

For court use only

Clerk: \_\_\_\_\_

Filing date: \_\_\_\_\_

Fee paid: \_\_\_\_\_

Rec. #: \_\_\_\_\_

Date Mailed: \_\_\_\_\_

NOTES: \_\_\_\_\_

## Court Costs:

\$10.00 for Claims \$1000 or less  
\$15.00 for Claims \$1001 to \$3,000 Max

**NO PERSONAL CHECKS ACCEPTED.**

**CASH, MONEY ORDER, CERTIFIED CHECK OR CREDIT CARD ACCEPTED.**

Brief Explanation of Claim \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Evidence:** At the hearing you will be expected to prove your claim and should bring with you, any evidence of debt claimed, receipts, contract, estimated bills, cancelled checks, etc.

## Affirmation:

I affirm that the above is correct to the best of my knowledge and that \_\_\_\_\_ (name)  
owes me \$ \_\_\_\_\_ on this date.

Dated: \_\_\_\_\_ Plaintiff's Signature: \_\_\_\_\_

There is a hearing before this court upon this claim on \_\_\_\_\_ at \_\_\_\_\_. Held at  
Lysander Town Court, 8220 Loop Road, Baldwinsville, NY 13027.

YOU MUST APPEAR and present your defense and any counterclaim you may desire to assert at the hearing at the time and place above set forth. IF YOU DO NOT APPEAR, JUDGMENT WILL BE ENTERED AGAINST YOU BY DEFAULT EVEN THOUGH YOU MAY HAVE A VALID DEFENSE. If you desire a counterclaim, if any, is supported by witnesses, account books, receipts, or other documents, you must produce them at the hearing.

If you wish to present a counterclaim against the claimant, you must do so by filing with the court clerk a statement containing such counterclaim within five days of receiving this notice of claim. At the time of filing, you must pay \$3.00 plus the cost of postage to send your counterclaim by first class mail to the claimant.