

SMALL CLAIMS COURT: TOWN OF SAUGERTIES
4 HIGH STREET- SAUGERTIES, N.Y. 12477

TRIAL DATE: _____

DATE: _____

NAME: _____

PLAINTIFF

ADDRESS: _____

vs.

PHONE: _____

Name: _____

DEFENDANT

ADDRESS: _____

PHONE: _____

Reason for Claim (Brief Description) _____

AMOUNT OF CLAIM: _____

Signature: _____

COUNTER CLAIM (Brief Description) _____

AMOUNT OF CLAIM: _____

Signature: _____

Counter Claim Fee: \$3.00 plus current + certified postage

OFFICE USE ONLY

Claim: \$1.00 to \$1,000.00

Fee: \$10.00

Rec# _____

\$1,001.00 to \$3,000.00

\$15.00

Rec# _____

**Clerk Taking Claim _____