

**TOWN OF WILLSBORO
JUSTICE COURT**

5 Farrell Road Willsboro NY 12996

Tel. (518) 963-8668 Fax (518) 963-7069 willsborotowncourt@gmail.com

Court Schedule: 1st and 3rd Thursday Judge Morgan / 2nd and 4th Thursday Judge Sheehan

Application for Small Claims Action

Filing Fees

Date: _____ Over \$1000 -\$15.00
\$1000 and Less - \$10.00

Plaintiff: _____ Phone: _____

Address: _____

Defendant: _____ Phone: _____

Address: _____

Total Amount of Claim (Do not include filing fee): _____

Nature of Claim: _____

Signature of Applicant: _____

Note: The defendant's address must be complete. Claims are sent by certified mail and require an exact mailing address. If you do not know the address, please attempt to find it and file it at that time. Personal checks are not accepted, only cash, money orders or certified checks.

Corporations, partnerships, associations or assignees cannot sue in small claims court.

For office use only: Date _____