

**TOWN OF WILLSBORO  
JUSTICE COURT**

5 Farrell Road Willsboro NY 12996

Tel. (518) 963-8668 Fax (518) 963-7069 [willsborotowncourt@gmail.com](mailto:willsborotowncourt@gmail.com)

Court Schedule: 1<sup>st</sup> and 3<sup>rd</sup> Thursday Judge Morgan / 2<sup>nd</sup> and 4<sup>th</sup> 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 \_\_\_\_\_