

SMALL CLAIM INFORMATION FORM

MANLIUS TOWN COURT
301 Brooklea Drive
Fayetteville, New York 13066
(315) 637-3251

Plaintiff's Name: _____
(Party applying for Small Claim action)

Address: _____

Telephone: _____ Are you retaining an attorney? Yes No
Attorney's Name _____

Defendant's Name: _____
(Party being sued)
Address: _____

Telephone: _____ Dollar Amount of Claim: \$ _____
Plus Court Cost: \$ _____

Total Amount of Claim: \$ _____ Court Costs: \$10 for claim \$1,000 or less
\$15 for claim \$1,000 to \$3,000 limit

**NO PERSONAL CHECKS ACCEPTED.
CASH, MONEY ORDER, CERTIFIED CHECK, VISA OR MASTERCARD**

BRIEF EXPLANATION OF CLAIM _____

You should not leave evidence, such as documentation, pictures, etc. with the Court at this time. All evidence and witnesses will be considered on the assigned Court date. Please bring an extra set of copies of all documents you plan to submit for the Judge's consideration, if possible.

Did you attempt to contact the Defendant prior to filing this Small Claim: Yes No If yes, please check below:

In person _____ By mail _____ By telephone _____ Other _____

FOR OFFICE USE ONLY

Initials of Judge reviewing info: _____ Date: _____
Approved _____ Denied _____
Date Filed: _____ Receipt No.: _____
Court Date: _____ Time: _____ Date Mailed: _____