



TOWN COURT OF CAIRO

**Town Justice
Honorable Tanja Sirago**

**Town Justice
Honorable Leland E. Miller**

SMALL CLAIMS APPLICATION

[Print Clearly-Read Your Small Claims Booklet]

AMOUNT OF CLAIM: _____

DATE OF INCURRED DEBT: _____

DEFENDANT(Person you are suing) NAME: _____

ADDRESS: _____

TELEPHONE: _____

PLAINTIFF(You) NAME: _____

ADDRESS: _____

TELEPHONE: _____

BRIEFLY DESCRIBE THE REASON FOR YOUR CLAIM: _____

PRINT NAME: _____ **SIGNATURE:** _____ **DATE:** _____

FILING FEES: \$10.00 IF THE CLAIM IS \$1,000 OR LESS

\$15.00 IF THE CLAIM IS BETWEEN \$1,000.01 AND \$3,000.00

SUBMIT ITEMIZED RECEIPTED BILL(S)-TWO ESTIMATES-ANY DOCUMENTS NEEDED TO PROVE YOUR CLAIM

**PO Box 755, Cairo, NY 12413
Court Clerk: 518 622 3388 Fax: 518 622 0172**