



**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:** \_\_\_\_\_

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**DEFENDANT(Person you are suing)      NAME:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_  
\_\_\_\_\_

**TELEPHONE:** \_\_\_\_\_

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**PLAINTIFF(You)      NAME:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_  
\_\_\_\_\_

**TELEPHONE:** \_\_\_\_\_

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**BRIEFLY DESCRIBE THE REASON FOR YOUR CLAIM:** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

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**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

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