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: _____

PLAINTIFF **NAME:** _____
(You) **ADDRESS:** _____
_____
EMAIL: _____
TELEPHONE: _____

DEFENDANT **NAME:** _____
(Person you are suing) **ADDRESS:** _____
_____
EMAIL: _____
TELEPHONE: _____

BRIEFLY DESCRIBE THE BASIS OF YOUR CLAIM: _____
_____
_____
_____

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

*** FILINGS MADE BY MAIL MUST BE ACCOMPANIED BY A MONEY ORDER**

*** FILINGS MADE IN PERSON MUST BE ACCOMPANIED BY A MONEY ORDER, EXACT CASH OR CREDIT/DEBIT CARD – NO PERSONAL OR BUSINESS CHECKS**

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

MAILING ADDRESS: P.O. Box 755, Cairo, New York 12413
TELEPHONE: (518) 622-3388 ext. 251