



# Town Municipal Court TOWN OF SENECA FALLS

130 OVID STREET  
SENECA FALLS, NY 13148

315-568-9234  
[www.senecafalls.com](http://www.senecafalls.com)

### PLAINTIFF INFORMATION

**PLAINTIFF'S NAME:**

(Please Print)

Plaintiff's Address:

Street

Apt

City

State

Zip Code

Plaintiff's Contact Phone:

Plaintiff's E-mail Address:

@

### DEFENDANT INFORMATION

**DEFENDANT'S NAME:**

(Please Print)

Defendant's Address:

Street

Apt

City

State

Zip Code

Defendant's Contact Phone:

Defendant's E-mail Address:

@

### REASON FOR ACTION

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### CLAIMS AMOUNT

Amount of Action: \$ _____	+	Court Fee: \$ _____	Total: \$ _____
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### SMALL CLAIMS FEES

Small Claims may be filed to recover up to \$3,000. The fees are as follows:

Claims Amount	Filing Fee
\$0 - \$1,000.....	\$10.00
\$1,001 - \$3,000.....	\$15.00

### HEARINGS

The hearing will be scheduled at least 22 days from receipt of this application, but no more than 45 days (unless agreed upon by all parties). A Small Claims guidebook will be given to both parties. You may bring in any proof or witnesses at the time of the hearing.

**The Hearing for this matter will be \_\_\_\_\_ at \_\_\_\_\_.**

### OFFICE USE ONLY

Received Filing Fee on: \_\_\_\_\_ Amount: \$ \_\_\_\_\_ Receipt #: \_\_\_\_\_

Clerk Receiving Application: \_\_\_\_\_ Date: / /