

POESTENKILL TOWN COURT

P.O. Box 164

Poestenkill, New York 12140-0164

Tel.: (518) 283-5100 ext. 105 / Fax: (518) 283-8821

Hon. Gregory T. Kronau
Town Justice

Hon. Thomas F. Slavin, Jr.
Town Justice

FILING FEE: Claim up to \$1,000=\$10 Claim of \$1,001 to \$3,000=\$15
(No Personal Checks Accepted)

SMALL CLAIMS APPLICATION

DATE OF FILING: _____

AMOUNT OF CLAIM: _____

PLAINTIFF NAME: _____
(Party Initiating Action)

ADDRESS: _____

TELEPHONE: _____
(with area code)

Note Defendant must:

- (a) Be a resident of the Town of Poestenkill or**
- (b) Have a regular employment within the Town of Poestenkill**

DEFENDANT NAME: _____
(Against)

ADDRESS: _____

TELEPHONE: _____
(with area code)

BRIEF DESCRIPTION OF DAMAGES OR DEBT: _____

SEEKING _____ (\$3,000.00 maximum)

Print Name

Signature of Applicant

SMALL CLAIMS BOOKLET SUPPLIED BY COURT