This form must be filed in person

FOR OFFICE USE ONLY: Date _____ CASE # _____

Amt Pd _____ Rec # _____ TJ _____

BETHLEHEM TOWN COURT - 447 Delaware Avenue, Delmar, New York 12054

SMALL CLAIMS INFORMATION

PLAINTIFF

Name: _____

Address: _____

_____ Zip Code _____

Phone: Res. _____ Work _____

DEFENDANT

Name: _____

Address: _____

_____ Zip Code _____

Phone: Res. _____ Work _____

Amount of Claim: $_____ Date Claim Arose: _____

BRIEF Description of Claim: _____

_____

_____

_____

_____

_____

_____

Received Small Claims Guide _____

<- Place your cursor in the highlighted area and either click once on your mouse or press the Space Bar to place or remove a check mark in the box

Plaintiff's Signature _____

Date

Instructions to complete the Form:

1. You are the Plaintiff.
2. The Defendant must either:
   a. reside within the Town of Bethlehem; or,
   b. have an office for the regular transaction of business within the Town of Bethlehem; or,
   c. have a place of regular employment within the Town of Bethlehem.
3. The amount of the Small Claim may not exceed $3,000.00.
4. If you, the Plaintiff, are a partnership, Corporation, Association, assignee or insuror, you may not file a Small Claim in New York State.