

**Town of Haverstraw Justice Court  
ONE ROSMAN ROAD GARNERVILLE, NEW YORK 10923  
(845) 947-0020 (845) 947-0097**

**John K. Grant  
Town Justice**

**Ivonne S. Santos  
Town Justice**

**SMALL CLAIMS APPLICATION  
and  
COUNTERCLAIM APPLICATION**

**PLEASE PRINT ALL INFORMATION**

**Date claim submitted:** \_\_\_\_\_ **Tele.#** \_\_\_\_\_

**Name of Plaintiff:** \_\_\_\_\_

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

**Town:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip Code** \_\_\_\_\_

vs.

**Name of Defendant:** \_\_\_\_\_

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

**Town:** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip Code** \_\_\_\_\_

**Brief State of Claim:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Amount of Claim** \_\_\_\_\_

**DATE** \_\_\_\_\_

\_\_\_\_\_  
**SIGNATURE OF PLAINTIFF**

**For the Plaintiff:**

**Complete this application and return it to the court with the appropriate fee ie: up to \$1000-\$10.00 Fee, \$1001-\$3000-\$15.00 Fee. Payment must be made with a money order or certified check.**

**This application will be attached to the court notice that is sent to the Defendant. The court will notify all parties of the date and time that they are to appear in the Town of Haverstraw Court.**

**I hereby certify that I have received the small claims booklet and that I am not filing as a corporation or partnership.**

\_\_\_\_\_  
**Signature**