

# VILLAGE OF DEPEW JUSTICE COURT

KATHLEEN M. McDONALD  
VILLAGE JUSTICE



PAUL T. BUMBALO  
ASSOCIATE VILLAGE JUSTICE

## SMALL CLAIMS APPLICATION

Filing Date: \_\_\_\_\_

Docket # \_\_\_\_\_

**Name of Defendant:**

\_\_\_\_\_

(Person you are suing) **Phone number:** \_\_\_\_\_

Address/City/State/Zip: \_\_\_\_\_

**Name of Plaintiff:**

\_\_\_\_\_

**Phone number:** \_\_\_\_\_

Address/City/State/Zip: \_\_\_\_\_

Attorney for Plaintiff: \_\_\_\_\_

Amount you are suing for: \$ \_\_\_\_\_

Date of Incident: \_\_\_\_\_

NO PERSONAL CHECKS ACCEPTED. CASH, MONEY ORDER, VISA OR MASTERCARD.  
CREDIT CARDS WILL BE CHARGED A 2.99% SERVICE FEE.

**A filing fee of \$10 is required for claims up to \$1,000. A filing fee of \$15 is required for claims \$1,001-\$3,000.**

Affirmed under Penalty of Perjury Pursuant to Sect. 210.45 of the Penal Law of State of New York

Signature: \_\_\_\_\_

FOR COURT USE ONLY: DATE/TIME OF HEARING: \_\_\_\_\_  
FEE PAID \$ \_\_\_\_\_ RECEIPT # \_\_\_\_\_

