

SMALL CLAIMS APPLICATION

Filing Date: _____

Plaintiff Name and Address _____

_____ **Phone:** _____

Defendant Name and Address _____

_____ **Phone:** _____

Amount of your Suit \$ _____

Reason for Suit _____

Date of Incident _____

**Cost of Small Claims action: \$10.00 for claims \$1,000.00 or less.
\$15.00 for claims above \$1,000.00 to the \$3,000.00 limit.**

**Accepted payments- Cash in person, Money Orders/Certified Checks,
Visa or Master Card. NO PERSONAL CHECKS ACCEPTED.**

COURT USE ONLY:

Date of Hearing _____

Receipt Number _____