

**TOWN OF HALFMOON**  
One Halfmoon Town Plaza  
Halfmoon, NY 12065  
Tel: (518) 371-2592 /Fax: (518) 371-0258

**APPLICATION FOR COUNTER CLAIM**

Filing Fees  
\$3.00 + postage  
Limit: \$3,000

Date of Application\_\_\_\_\_

NAME OF PLAINTIFF IN PRESENT CASE\_\_\_\_\_

CASE/DOCKET NUMBER\_\_\_\_\_

COUNTER CLAIMANT (Defendant)

Name\_\_\_\_\_

Your Address

Street Sate Zip

Telephone (with area code)\_\_\_\_\_

Brief description of damages or debt \$\_\_\_\_\_

Total amount of damages or debt \$\_\_\_\_\_ (3,000 maximum)

\_\_\_\_\_  
Signature of Applicant

You will be notified of court appearance date and time of hearing.

