

# TOWN OF HALFMOON

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

## APPLICATION FOR SMALL CLAIM

### Filing Fees

\$10 up to \$1,000

\$15 over \$1,000

Limit \$3,000

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

### PLAINTIFF (partying initiating action)

Name\_\_\_\_\_

Your Address

Street Sate Zip

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

### DEFENDANT (against)

NOTE: Defendant MUST be a resident of the Town of Halfmoon OR have regular employment with the Town of Halfmoon where service can be made.

Name\_\_\_\_\_

Address (P.O .Box not accepted)

Street State of NY Zip

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.

