

\$10 fee \$0 to \$1,000.00  
\$15 fee \$1,001 to \$3,000.00

APPLICATION FOR SMALL CLAIMS  
**MARILLA TOWN COURT**  
*1760 Two Rod Rd, Marilla NY 14102*  
*716-652-5350 ext. 415*

**CLAIMANT**

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

\_\_\_\_\_

Phone: \_\_\_\_\_

----- AGAINST -----

**DEFENDANT**

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

\_\_\_\_\_

Phone: \_\_\_\_\_

AMOUNT SUING FOR: \_\_\_\_\_

REASON: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

DATE OF OCCURRENCE: \_\_\_\_\_

\_\_\_\_\_  
CLAIMANT SIGNATURE

\*\*\*\*\* COURT USE ONLY \*\*\*\*\*

FILING DATE: \_\_\_\_\_ AMOUNT: \_\_\_\_\_ REC'T# \_\_\_\_\_

HEARING DATE: \_\_\_\_\_ HEARING TIME: \_\_\_\_\_