**Shawangunk Town Court**
**14 Central Avenue, P.O. Box 247**
**Wallkill, New York 12589**
**County of Ulster**

**APPLICATION TO FILE SMALL CLAIM**
**845-895-2111**

FILING FEE: Money Order, Certified Bank Checks or Cash only. Fee must accompany application

| **Type of claim** | **Filing Fee** |
|---|---|
| Small Claims - $1,000 or less | $10.00 |
| Small Claims - exceeding $1,000 up to $3,000 | $15.00 |
| Counterclaim<br>Date: _____ | |

Name of Claimant: _____

Address: _____

Telephone No.: (work and home) _____

-against-

Name of Defendant(s): _____
*(If a business provide business name AND name of individual who owns/operates/manages business)*

Address: _____
*(Home or Business/Place of Employment must be in Ulster County - except for counterclaims)*

Amount of Claim $_____ (Do not include filing fee in this amount)

Nature of Claim to include all pertinent information including descriptions, dates, addresses, etc. Attach additional documents if necessary.

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SIGNATURE OF PERSON FILING CLAIM: _____