

Town of Shawangunk Justice Court
14 Central Avenue, P.O. Box 247
Wallkill, NY 12589
845-895-2111 x 2
County of Ulster

APPLICATION TO FILE A SMALL CLAIM

PLEASE PRINT

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

TYPE OF CLAIM:	FILING FEE:
Small Claims - \$1,000 or less	\$10.00
Small Claims – exceeding \$1,000 to \$3,000	\$15.00
Counterclaim Date: _____	

Name of Claimant: _____
Full Address: _____
Telephone # (cell/work/home): _____
Email address: _____

-AGAINST-

Name of Defendant: _____
(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 – **No P.O. Boxes**)
Telephone # (cell/work/home): _____
Email address: _____

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.

Signature of Person Filing Claim: _____