



86 Broadway
P.O. Box 397
Tivoli, NY 12583

Village of Tivoli Court

Phone: (845) 757-3219

Justice Howard F Clark
Fax: (845) 757-3319

SMALL CLAIMS PART

_____ *Plaintiff*

_____ Address

_____ Telephone #

VS

_____ *Defendant*

_____ Address

_____ Telephone #

AMOUNT OF CLAIM \$ _____

Nature and particulars of Plaintiffs Claim:

Dated: _____
Plaintiff/Person making claim for plaintiff

IF SPACE IS INSUFFICIENT, USE REVERSE SIDE

FEES: \$ 1.00 - \$1,000.00	COST \$10.00
\$1,000.01 - \$3,000.00	COST \$15.00
Counter Claim	COST \$ 3.00 + postage
Transcript of Judgement	COST \$ 5.00

**I have received a Small
Claims Guide (*booklet*)**

Plaintiff/Person making claim for plaintiff

An electronic copy of Small Claims Guide may be obtained at the following web site: www.nycourthelp.gov