

Justice Court
Village of Suffern
61 Washington Avenue
Suffern, New York 10901
(845) 357-6424

Ernest S. Buonocore
Village Justice

APPLICATION FOR SMALL CLAIMS

PLAINTIFF:

Your Name: _____

Your Address: _____

Your Telephone Number: ____ - ____ - ____ : Email: _____

DEFENDANT:

Name of Person or Company you are suing: _____

Address of Person or Company you are suing: _____

Telephone Number: ____ - ____ - ____ : Email: _____

CASE INFORMATION:

Amount you are suing for: \$ _____

Reason you are suing (In Brief): _____

If for Rentals due or Security Deposit for Premises, for what location is claim being made: _____

I certify and affirm that the above facts are correct and accurate.

Dated: _____

Signature of Applicant