

Ossining Town Court
86 Spring Street
Ossining, NY 10562

Small Claims Application

Book Received: ____ Pl. ____ Def.

Plaintiff's Name: _____

Address: _____

Telephone No: _____

Defendant's Name: _____

Address: _____

Telephone No: _____

Amount claimed to be due: \$ _____

Cause of Action:

Plaintiff's Signature

****Instructions****

1. Complete Application
2. Initial acknowledging receipt of Small Claims Handbook
3. Enclose filing fee (money order or cash ONLY)

****Filing Fees****

For Claims up to \$1000.00 - \$10.00
For Claims exceeding \$1,000.00 - \$15.00
No claims may exceed \$3000.00