

**Town of Binghamton Court**  
279 Park Avenue  
Binghamton, NY 13903  
Phone (607) 772-0357 (press 5)  
Email: binghamtontowncourt@nycourts.gov

**APPLICATION FOR SMALL CLAIMS**

Filing Fee:     \$10.00 (less than \$1,000 claim)  
                   \$15.00 (\$1,000 - \$3,000 claim)

Plaintiff (Party initiating action):

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Telephone: (Home) \_\_\_\_\_ (Work) \_\_\_\_\_

(Cell) \_\_\_\_\_

Defendant:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Telephone: (Home) \_\_\_\_\_ (Work) \_\_\_\_\_

(Cell) \_\_\_\_\_

Nature of Claim (Give brief description of damages/debt, including dates, location, etc.):

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Amount of Claim (excluding costs and fees): \_\_\_\_\_

I CERTIFY AND AFFIRM THAT THE ABOVE FACTS ARE ACCURATE AND CORRECT.

Date: \_\_\_\_\_ Signature of Applicant: \_\_\_\_\_