



TOWN OF SOUTHAMPTON JUSTICE COURT

32 JACKSON AVENUE, HAMPTON BAYS, NEW YORK 11946

SMALL CLAIMS COMPLAINT FORM

JURISDICTIONAL LIMIT \$3000.00

**FILING FEE: \$10.00 (\$1,000.00 - OR UNDER)
\$15.00 (\$1,001.00 TO \$3,000.00)**

The plaintiff is the party initiating the action.

PLAINTIFF'S NAME & ADDRESS - PRINT CLEARLY

DEFENDANT'S NAME & ADDRESS - PRINT CLEARLY

NAME: _____

NAME: _____

ADDRESS: _____

ADDRESS: _____

TEL. NO.: _____

TEL. NO.: _____

**THE FIRST APPEARANCE WILL BE FOR A CONFERENCE NOT A TRIAL.
HOWEVER, IT IS BEST TO BRING DOCUMENTS WITH YOU.**

STATE AMOUNT, DATES AND DETAILS:

TOTAL AMOUNT \$ _____

The undersigned acknowledges that he/she has been informed prior to the commencement of this action, that he/she shall be deemed to have waived all right to appeal except on the sole ground that substantial justice has not been done (UJCA § 1807).

The undersigned has also been advised that supporting witnesses, account books, receipts and other documents required to establish the claim herein must be produced at the hearing.

Plaintiff swears that the institution of this action or proceeding is not prohibited by §1809 of the UJCA, to wit, that no corporation and no assignee of any small claim shall institute an action or proceeding under this title.

Plaintiff further swears that, to the best of his/her knowledge, the defendant is not in the military.

Service. A defendant must reside, have a place of business, or be employed within the Town of Southampton. The undersigned swears that the above information is true and correct.

DATE: _____

PLAINTIFF: _____

AGENT / PARENT / NATURAL GUARDIAN