

APPLICATION FOR CIVIL CLAIM

**Johnsburg Town Court
2370 State Rt. 28
P.O. Box 178
Wevertown NY 12886**

**Fee: \$10.00(up to \$1,000)
\$ 15.00(\$1,000-\$3,000)**

Date of application _____

PLAINTIFF
(Party initiating Action)

Name

Address

Home Phone Work Phone

DEFENDANT (Against).....

Name

Address

Home Phone Work Phone

Brief description of damages: _____

Total amount of damage s _____ (\$3,000 maximum)

Signature of Applicant