



**TOWN OF PELHAM  
JUSTICE COURT**

WESTCHESTER COUNTY, NEW YORK

**SMALL CLAIMS APPLICATION**

**DARONCO TOWNHOUSE**  
20 Fifth Avenue  
Pelham, NY 10803

**COURT CLERK**  
Deanna DePierro  
(914) 738-7030  
ddepierro@nycourts.gov

DATE: \_\_\_\_\_

**FILING FEE: \$10.00 FOR CLAIMS UP TO \$1,000.00  
\$15.00 FOR CLAIMS OVER \$1,000.01-\$3,000.00**

*\*INCREASE IN RATES EFFECTIVE 7/23/96*

*\*CLAIMS CANNOT BE FOR MORE THAN \$3,000.00 (EFFECTIVE 7/31/94)*

**MAKE PAYABLE AND MAIL TO: PELHAM JUSTICE COURT  
34 FIFTH AVENUE  
PELHAM, NY 10803**

**THE PERSON YOUR CLAIM IS AGAINST IS:**

**A RESIDENT OF PELHAM OR HAS A BUSINESS IN PELHAM**

YES: \_\_\_\_\_ NO: \_\_\_\_\_

**\*\*\*IF YOUR ANSWER IS "NO", THIS COURT CANNOT PROCESS YOUR SMALL CLAIMS ACTION. DO NOT CONTINUE FILLING OUT THIS FORM\*\*\***

**ARE YOU (PLAINTIFF) A CORPORATION OR PARTNERSHIP? YES: \_\_\_\_\_ NO: \_\_\_\_\_**

**\*\*\*IF YOUR ANSWER IS "YES", THIS COURT CANNOT PROCESS A SMALL CLAIMS ACTION. YOU MAY SUBMIT A CIVIL ACTION (FEE: \$20.00). A CIVIL ACTION MUST BE SERVED UPON THE PERSON AND YOU SHOULD OBTAIN AN ATTORNEY, WHO MAY DRAW YOUR PAPERS\*\*\***

***PLAINTIFF***

***DEFENDANT***

YOUR NAME: _____	NAME: _____
ADDRESS: _____	ADDRESS: _____
PHONE: _____	PHONE: _____
EMAIL: _____	EMAIL: _____

**AMOUNT OF CLAIM: \$ \_\_\_\_\_**

**REASON FOR CLAIM: \_\_\_\_\_**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_