

CHEEKTOWAGA JUSTICE COURT
APPLICATION FOR SMALL CLAIMS

NAME OF PERSON/COMPANY YOU ARE SUING _____

ADDRESS OF PERSON YOU ARE SUING _____

TELEPHONE NUMBER _____

YOUR NAME _____

YOUR ADDRESS _____

TELEPHONE NUMBER _____

AMOUNT OF CLAIM _____

REASON YOU ARE SUING (BRIEFLY)

DATE ABOVE HAPPENED _____

IF AUTO ACCIDENT – LOCATION _____

IF FOR RENT/SECURITY DEPOSIT-ADDRESS _____

I hereby affirm that the above is true to the best of my knowledge

Clerk _____ Plaintiff _____

DATE _____ Docket Number _____ Court Date/Time _____