

# SMALL CLAIMS APPLICATION

County of Ontario-Town of Manchester

Filing Fees payable by Money Order or Cashier's Check

\$10.00 Claim of \$1000.00 or less

\$15.00 Claims up to \$3000.00

## Plaintiff:

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

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

City, State, Zip Code: \_\_\_\_\_

## Defendant:

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

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

City, State, Zip Code: \_\_\_\_\_

## Co-Defendant:

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

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

City, State, Zip Code: \_\_\_\_\_

## AMOUNT and BRIEF Nature of Claim

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Signature: \_\_\_\_\_ Date: \_\_\_\_\_