

STAFFORD TOWN COURT
8903 RT 237 / PO BOX 808
STAFFORD, NY 14143

Phone: 585-344-4020 Ext. 3
Fax: 585-345-0591

Small Claims Information

An individual may sue another individual residing in the Town of Stafford or a business located in the Town of Stafford.

You (Plaintiff) must supply the name and exact address of the defendant.

If the individual/business you are suing resides in the Town of Stafford, please fill out the attached form and bring to the Court during Office Window Hours to file your small claims case.

When you return the attached form and the correct fee, we will be able to process your claim and set a court date. Small Claims Hearings are scheduled 4-6 weeks from the date of filing.

Fees to File Your Case in the Court

If you are suing for \$1,000 or less: \$10

If you are suing for more than \$1,000: \$15

A person may only sue up to \$3,000 when filing in a Town or Village Court.

If you are the Defendant in a case already filed with this Court and would like to file a counter claim, the fee is \$5.

If the certified letter and first class mail are returned to the Court and you wish to pursue the matter further, you will have to either provide the Court with a new mailing address or you may have the Genesee County Sheriff's Office attempt to serve the summons but you must contact them for further information at 585-345-3000.

We have also provided you with a small claims booklet called "A Guide to Small Claims in the NYS, Town and Village Courts." This booklet explains Small Claims cases more in-depth and will help you through the process.

Please feel free to call the Court at the number above with any questions you may have.

TOWN COURT OF STAFFORD
SMALL CLAIMS APPLICATION

Please note that following before you file:

- Filing fee is \$10 for any claim \$1,000 or less and \$15 for claims more than \$1,000 (not to exceed \$3,000)
- Cash, Money Orders, Visa or MasterCard Accepted
- Filing Hours vary throughout the season, please phone us for current hours

Please Print or Type

Filing date: _____

Phone Number: _____

Your Name: _____

Address: _____

Name of Person(s), or Company, you are Suing: _____

Address of Person, or Company, you are Suing: _____

Amount you are Suing for: \$ _____ (Do not include court fees)

Nature of Claim (brief description):

Date the Above Happened (or approximate): _____

*If Auto Accident, Where: _____

*If for Rent Due or Security Deposit for Premises, Where: _____

APPLICANT'S SIGNATURE

DATED

I HAVE RECEIVED A COPY OF THE SMALL CLAIMS GUIDE
PLEASE INITIAL LINE _____

<i>COURT USE ONLY</i>		
HEARING DATE: _____	TIME: _____	PRESIDING JUDGE: _____

AUTHORIZATION

I, _____, authorize that the Stafford Town Court located at 8903 Rt 237 / PO Box 808 in Stafford NY can charge the Visa/MasterCard Credit Card number listed below for the amount of _____ for my small claims case filed with the court.

(Signature)

Print Name

CREDIT CARD: VISA MASTERCARD

*EXP DATE _____

* 3 DIGIT CODE _____
(located on the back of your card)

CARD NUMBER _____

PRINT NAME AS IT APPEARS ON CARD

SIGNATURE AS IT APPEARS ON CARD