

Westford **Town Court**
Small Claims Proceedings

Important: The person against whom you wish to file a small claim must either: **live in, work in or have a place of business in the Town of Westford.**

When completing the enclosed form, please refer to the numbers indicated below.

1. Your name and address
2. Name and address of the person you are suing. The address **CANNOT BE A PO BOX.**
3. Your name (the Claimant/Plaintiff)
4. Amount of the claim
5. Brief description of damages or debt

The Small Claims proceeding will be commenced and added to the Court calendar only after the payment of the filing fee.

1. The fee is \$10 for claims of \$1,000 or less.
2. The fee is \$15 for claims over \$1,000.
3. The maximum amount of claim is \$3,000 in a Town or Village Court.
4. You may sue for money damages only.

If you are filing by mail, send the form and your payment via certified check or money order to:

Westford Town Court
PO Box 165
Westford, NY 13488

Personal Checks are **NOT** accepted.

The Court will mail you a copy of the form with the hearing date filled in.

APPLICATION FOR CIVIL CLAIM

Westford Town Court
1812 County Highway 34
PO Box 165
Westford, NY 13488

Small Claims

Docket # _____

Date of Application: _____

(1) Plaintiff/Claimant:

Name

Doing Business As

Address

Phone Number

(2) Defendant:

Name

Doing Business As

Address

Phone Number

Take notice that (3) _____ asks judgment in this court against you for

(4) \$ _____ upon the following claim (5) _____

Court Date and Time

Signature of Applicant