

Receipt No.:

Date:

Docket No.:

INCORPORATED

Village of West Haverstraw

Justice Court

130 SAMSONDALE AVENUE
WEST HAVERSTRAW, NEW YORK 10993

845-947-1013

FAX 845-947-1560

WWW.WESTHAVERSTRAW.ORG

RICHARD S. PAKOLA
VILLAGE JUSTICE

LAURA BIDEWY-ZITOFSKY
COURT CLERK

ROSELINA SERRANO
ASSOCIATE VILLAGE JUSTICE

JUDITH SHEPHARD
ASSOCIATE COURT CLERK

APPLICATION

PLEASE PRINT:

DATE: _____

NAME & ADDRESS OF PLAINTIFF: _____

PHONE: _____

Is a language interpreter requested? _____, Language: _____

NAME & ADDRESS OF DEFENDANT: _____

PHONE: _____

BRIEF STATEMENT OF FACTS/CLAIM: _____

AMOUNT: _____

If you admit the claim, but desire to pay, you must appear personally on the date set for the hearing and state to the Court your reasons for desiring time to pay.

Date _____, 20____ Clerk _____

A Guide to Small Claims Court is available at the court listed above.

By signing this form, I hereby state I received a copy of "A Guide to Smalls Claims Court."

Sign