

**Middlefield 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 Middlefield.**

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:

Middlefield Town Court  
Small Claims Proceedings  
3717 Co. Hwy 35  
Cooperstown, NY 13326

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

Middlefield Town Court/County of Otsego  
3717 Co. Hwy 35  
Cooperstown, NY 13326  
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 judgement in this court against you for  
(4) \$ \_\_\_\_\_ upon the following claim (5) \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Court Date and Time

\_\_\_\_\_  
Signature of Applicant