



CAMBRIDGE TOWN COURT

**PLEASE TYPE
OR PRINT
CLEARLY**

APPLICATION TO FILE A SMALL CLAIM

Filing Fee: **\$0 to \$1,000 = \$10.00**

More than **\$1,000 to \$3,000 = \$15.00**

If you are an Attorney filing this claim for a client, or if you will be represented by an Attorney and wish the hearing notice be sent to said Attorney, indicate name, address, and phone number of the Attorney below:

Full Name(s) of Claimant(s) (Party filing Claim) _____

Address of Claimant(s) _____

Daytime Telephone #: _____

Full and proper name of Defendant (Party you are suing) _____

Address of Defendant (Cannot be a post office box. Must include street address. Must be within WASHINGTON COUNTY.) _____

Daytime Telephone #: _____

Amount of Claim \$ _____ (Do not include filing fee in Amount of Claim.)

Nature of Claim (Check one):

☐ **Rent Due** (Itemize rent by amount owed, month(s) and year owed, and include address of premises rented.) _____

☐ **Return of Security Deposit** (Include date security was paid, date notice to vacate was given, date premises were actually vacated, and address of premises.) _____

☐ **Auto Accident** (Include date of accident, location of accident, year, make and model of your vehicle, and a **BRIEF** description of how the accident happened.) _____

☐ **Non-payment for goods delivered and/or services rendered** (Include date(s) goods delivered and/or services rendered and a **BRIEF** description of goods and/or services rendered.) _____

☐ **Defective goods received or improper services rendered** (Include date(s) goods received and/or services rendered and a **BRIEF** description of why goods were defective or why you feel services were improperly rendered to you.) _____

☐ **Other** (Include date of incident and a **BRIEF** description.) _____

I hereby affirm that the above is true to the best of my knowledge. **Dated:** _____

Signature of Claimant (Sign in front of Court Clerk or Notary)

Signature of Court Clerk or Notary