

WALTON TOWN COURT
Application to File Small Claims

Filing Fee:

- \$10.00 (\$1 to \$1,000.00)
- 15.00 (over \$1,000.00)

(For Small claims the defendant must live or do business within the
Town of Walton)

Name of Plaintiff: _____

Address: _____

Phone: _____

-Against-

Name of Defendant: _____

Address: _____

Amount of Claim: \$ _____ (limit \$3,000.00)

Nature of Claim: _____

Date: _____

Signature of Plaintiff

* Enclose check payable to the Walton Town Court
129 North Street
Walton, NY. 13856
Phone (607) 865-5182
Fax (607) 865-4616
waltontowncourt@nycourts.gov