



**Riverhead Justice Court
210 Howell Avenue
Riverhead, New York 11901
Phone 631-727-3200 ext. 221 or ext. 220
Fax 631-727-8283**

Lori M Hulse
Town Justice

Sean M Walter
Town Justice

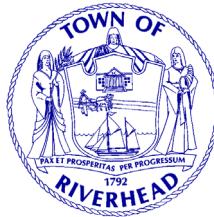
****NO CORP, INC, ASSOC, LLP, LLC OR PC MAY USE THE SMALL CLAIM PART. THEY MAY START THEIR ACTION IN THIS COURT IN THE CIVIL PART. PLEASE CALL THE COURT FOR FURTHER INSTRUCTIONS****

Please read the following information. If you need assistance, please call (631) 727-3200 ext. 221 or ext. 220.

1. Please select your preference of day / time to appear before the Court. Put a check mark of your preference at the top of the Small Claims Application.
2. When completing the Small Claim Application, **YOU are the Plaintiff in this action.** The person/business you are suing is the Defendant. The Defendant must live, work or have a business in the Town of Riverhead.
3. Please make sure that your Address and Phone number is on the **MONEY ORDER** and is made payable to the **“Riverhead Justice Court”**.
4. Please put **ALL** of the completed paperwork in a large envelope and return it by mail to the address above or in person to the Court for processing.
5. The Court will notify you of your hearing date when your claim has been processed. If no day / time is selected by the Plaintiff, the Court will select the hearing date / time.

Thank you.

PLEASE MAKE SURE THAT ALL INFORMATION ON THE APPLICATION IS SPELLED PROPERLY AND THAT A LEGAL STREET RESIDENCE IS LISTED IN ADDITION TO ANY P.O. BOX.



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SMALL CLAIMS APPLICATION

**FILING FEE: \$10.00 for claims 1,000.00 or less
\$15.00 for claims \$1,001.00 - \$3000.00**

ACCEPTABLE FORMS OF PAYMENT ARE CASH OR CREDIT CARD IN PERSON OR MONEY ORDER ONLY BY MAIL

PLAINTIFF'S NAME _____

Street Address _____

Town, State, Zip Code _____

PO Box, Town, State, Zip Code _____

Telephone & Email Address _____

DEFENDANT'S NAME _____

***Street Address** _____

Town, State, Zip Code _____

PO Box, Town, State, Zip Code _____

Telephone _____

Address must be in the Town of Riverhead

Amount of suit \$ _____

Explanation _____

SIGNATURE _____

Please use "legal" names. If you do not know the legal business name of the company you are suing, you can go to the County Clerk's Office located at 310 Center Drive, Riverhead, NY 11901 (631-852-2000) to obtain that information.