

**RAMAPO JUSTICE COURT****TOWN OF RAMAPO**

237 Route 59

Suffern, New York 10901

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TOWN JUSTICEMELINDA MALLIA  
CHIEF COURT CLERKALEJANDRA SILVA  
TOWN JUSTICE**SMALL CLAIMS FILING FORM**

PLAINTIFF'S INFORMATION (YOUR CONTACT INFORMATION)			
NAME: _____			
ADDRESS: _____ _____			
PHONE #: _____			
EMAIL: _____			
DEFENDANT'S INFORMATION (THE PERSON YOU ARE SUING)			
NAME: _____			
ADDRESS: _____ _____			
PHONE #: _____			
EMAIL: _____			
CAUSE OF ACTION (THE REASON YOU ARE SUING)			
_____ _____ _____			
CLAIM AMOUNT:	\$	INTEREST DATE:	

FOR COURT USE ONLY:	
RETURN DATE: _____	TIME: _____
*Return date must be between 22 and 45 days of filing.	