



**RAMAPO JUSTICE COURT  
TOWN OF RAMAPO**

237 Route 59

Suffern, New York 10901

Phone: (845)357-5100 Fax: (845)481-9251

[ramapotowncourt@nycourts.gov](mailto:ramapotowncourt@nycourts.gov)

RHODA SCHOENBERGER  
TOWN JUSTICE

ALEJANDRA SILVA  
TOWN JUSTICE

MELINDA MALLIA  
CHIEF COURT CLERK

**SMALL CLAIMS FILING FORM**

DATE: \_\_\_\_\_

PLAINTIFF: \_\_\_\_\_ Phone: \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
\_\_\_\_\_

DEFENDANT: \_\_\_\_\_ Phone: \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
\_\_\_\_\_

CAUSE OF ACTION: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

CLAIM AMOUNT: \$ \_\_\_\_\_ INTEREST DATE: \_\_\_\_\_

To be provided by Court*	
RETURN DATE: _____	TIME: _____

\*Return date must be between 22 and 45 days from the date of filing.