

## Town Court of Aurelius Small Claims Work Sheet

Full Name of Claimant:

Residence Address of Claimant:

Telephone Number of Claimant:

Full Name of Defendant(s):

Residence Address of Defendant(s):

Telephone Number of Defendant(s):

What date did the claim arise?

What happened that damaged you?

Why is the damage you suffered the fault of the Defendant(s)?

How much money are you claiming from the Defendant(s)?

Would you be willing to submit this dispute to mediation, in which an impartial person tries to get both you and the defendant to agree on a fair resolution of this dispute?

Note: Read the "Guide to Small Claims Court" booklet provided to you by the court to explain how to prove your case.

Date: \_\_\_\_\_

\_\_\_\_\_  
Your signature