



CAMBRIDGE TOWN COURT

PLEASE TYPE OR PRINT CLEARLY

APPLICATION TO FILE A SMALL CLAIM

Filing Fee: \$0 to \$1,000 = \$10.00
More than \$1,000 to \$3,000 = \$15.00

If you are an Attorney filing this claim for a client, or if you will be represented by an Attorney and wish the hearing notice be sent to said Attorney, indicate name, address, and phone number of the Attorney below:

Full Name(s) of Claimant(s) (Party filing Claim)

Address of Claimant(s)

Daytime Telephone #:

Full and proper name of Defendant (Party you are suing)

Address of Defendant (Cannot be a post office box. Must include street address. Must be within WASHINGTON COUNTY.)

Daytime Telephone #:

Amount of Claim \$ (Do not include filing fee in Amount of Claim.)

Nature of Claim (Check one):

Rent Due (Itemize rent by amount owed, month(s) and year owed, and include address of premises rented.)

Return of Security Deposit (Include date security was paid, date notice to vacate was given, date premises were actually vacated, and address of premises.)

Auto Accident (Include date of accident, location of accident, year, make and model of your vehicle, and a BRIEF description of how the accident happened.)

Non-payment for goods delivered and/or services rendered (Include date(s) goods delivered and/or services rendered and a BRIEF description of goods and/or services rendered.)

Defective goods received or improper services rendered (Include date(s) goods received and/or services rendered and a BRIEF description of why goods were defective or why you feel services were improperly rendered to you.)

Other (Include date of incident and a BRIEF description.)

I hereby affirm that the above is true to the best of my knowledge. Dated:

Signature of Claimant (Sign in front of Court Clerk or Notary)

Signature of Court Clerk or Notary