

Civil Complaint (AOPC 308A-05) Filing Instructions

You need to have a copy of the Civil Complaint for the plaintiff, two copies for each defendant and a copy with an original signature for the district justice office. You may photocopy the completed complaint to produce the needed number of copies, including a copy for the defendant's attorney. You will be charged filing costs and service costs when the complaint is filed at the district court. No changes may be made to this form either in content or format.

Last updated 6-20-05 1407 by gle

CIVIL COMPLAINT

Magisterial District Number: _____

MDJ Name: Hon. _____

Address: _____

Telephone: () _____

PLAINTIFF: NAME and ADDRESS

VS.

DEFENDANT: NAME and ADDRESS

Docket No.: _____

Date Filed: _____



	AMOUNT	DATE PAID
FILING COSTS	\$ _____	/ /
POSTAGE	\$ _____	/ /
SERVICE COSTS	\$ _____	/ /
CONSTABLE ED.	\$ _____	/ /
TOTAL	\$ _____	/ /

Pa.R.C.P.D.J. No. 206 sets forth those costs recoverable by the prevailing party.

TO THE DEFENDANT: The above named plaintiff(s) asks judgment against you for \$ _____ together with costs upon the following claim (Civil fines must include citation of the statute or ordinance violated):

I, _____ verify that the facts set forth in this complaint are true and correct to the best of my knowledge, information, and belief. This statement is made subject to the penalties of Section 4904 of the Crimes Code (18 PA. C.S. § 4904) related to unsworn falsification to authorities.

Plaintiff's Attorney: _____ Address: _____

Telephone: () _____

(Signature of Plaintiff or Authorized Agent)

IF YOU INTEND TO ENTER A DEFENSE TO THIS COMPLAINT, YOU SHOULD SO NOTIFY THIS OFFICE IMMEDIATELY AT THE ABOVE TELEPHONE NUMBER. YOU MUST APPEAR AT THE HEARING AND PRESENT YOUR DEFENSE. UNLESS YOU DO, JUDGMENT MAY BE ENTERED AGAINST YOU BY DEFAULT.

If you have a claim against the plaintiff which is within magisterial district judge jurisdiction and which you intend to assert at the hearing, you must file it on a complaint form at this office at least five (5) days before the date set for the hearing.

If you are disabled and require a reasonable accommodation to gain access to the Magisterial District Court and its services, please contact the Magisterial District Court at the above address or telephone number. We are unable to provide transportation.

COMMONWEALTH OF PENNSYLVANIA
COUNTY OF: _____

CIVIL COMPLAINT

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 MDJ Name: Hon. _____
 Address: _____
 Telephone: () _____

PLAINTIFF: NAME and ADDRESS

VS.
 DEFENDANT: NAME and ADDRESS

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TOTAL	\$ _____	_____/_____/_____

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Plaintiff's Attorney: _____ Address: _____
 Telephone: () _____ (Signature of Plaintiff or Authorized Agent)

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