

NOTICE OF APPEAL FROM
DISTRICT JUSTICE JUDGMENT

**IT IS STRONGLY RECOMMENDED
THAT YOU CONSULT AN ATTORNEY**

DISCLAIMER

THE STAFF IN ANY COURT OFFICE ARE NOT PERMITTED TO GIVE YOU LEGAL ADVICE. THE INFORMATION IN THIS PACKET IS NOT A SUBSTITUTE FOR PROFESSIONAL LEGAL ADVICE. THE COURT ASSUMES NO RESPONSIBILITY AND ACCEPTS NO LIABILITY FOR ACTIONS TAKEN BY USERS OF THESE DOCUMENTS, INCLUDING RELIANCE ON THEIR CONTENTS. IF YOU WANT TO OBTAIN THE SERVICES OF AN ATTORNEY, BUT DO NOT KNOW WHOM TO CONTACT, YOU MAY OBTAIN A LIST OF ATTORNEYS PRACTICING IN WYOMING COUNTY FROM THE PROTHONOTARY WEBSITE.

***THE PROTHONOTARY STAFF IS UNABLE TO ASSIST YOU IN
COMPLETING THIS FORM AND WE STRONGLY SUGGEST
YOU CONTACT AN ATTORNEY***

**INSTRUCTIONS FOR FILING A NOTICE OF APPEAL FROM A MAGISTERIAL
DISTRICT JUDGE**

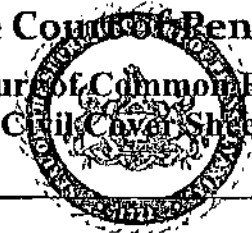
These instructions do not replace the PA Rules of Civil Procedure which govern the filing of MDJ Appeals.

1. Complete the Notice of Appeal form, along with the Civil Cover Sheet and Certificate of Compliance.
You are the Appellant.
All information needed is found on the MDJ Judgment. The caption of the appeal case will remain the same as it appears on the MDJ Judgment. (Plaintiff vs. Defendant) and a copy of the Judgment **MUST** be attached.
See Sample Notice of Appeal from District Judge Judgment.
2. Make 4 copies of the appeal after it has been completed (prior to filing).
3. File the appeal (original plus 4 copies) in the Prothonotary's Office, with a copy of the Judgment from the Magisterial District Court. The filing fee in the amount of \$130.75* must accompany the filing. Acceptable method of payments are cash, money order or check.
4. After the appeal is filed, it is the Appellant's responsibility to serve the copies of the appeal on the opposing parties. This will be the Appellee (or the attorney representing the Appellee) and the Magisterial District Court by personal service or certified mail. Our office will forward a copy to the Court Administrator on your behalf.
5. You will then complete the Proof of Service form that was included with the appeal, make a copy for your records and file the original with the Prothonotary's Office **within 10 days**. If service has been made by certified mail, attach the slips from the Post Office to the Proof of Service form. If your green cards are not received yet, you can bring them into the Prothonotary's Office or mail them when received. Make sure your case no. is on the cards.

If you are unable to afford the Appeal filing fee of \$130.75, the filing fee may be waived by Order of the Court of Common Pleas pending sufficient evidence of the inability to pay. To demonstrate inability to pay, defendants must complete an In Forma Pauperis Petition. The Appeal form must accommodate said Petition. If you are granted In Forma Pauperis and the filing fee is waived, you must then file the original and serve the Appeal.

Supreme Court of Pennsylvania

Court of Common Pleas Civil Cover Sheet



County _____

<i>For Prothonotary Use Only:</i>	TIME STAMP
Docket No: _____	

The information collected on this form is used solely for court administration purposes. This form does not supplement or replace the filing and service of pleadings or other papers as required by law or rules of court.

SECTION A

Commencement of Action:			
<input type="checkbox"/> Complaint	<input type="checkbox"/> Writ of Summons	<input type="checkbox"/> Petition	<input type="checkbox"/> Declaration of Taking
<input type="checkbox"/> Transfer from Another Jurisdiction			
Lead Plaintiff's Name: _____		Lead Defendant's Name: _____	
Are money damages requested? <input type="checkbox"/> Yes <input type="checkbox"/> No		Dollar Amount Requested: (check one) <input type="checkbox"/> within arbitration limits <input type="checkbox"/> outside arbitration limits	
Is this a <i>Class Action Suit</i> ? <input type="checkbox"/> Yes <input type="checkbox"/> No		Is this an <i>MDJ Appeal</i> ? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Name of Plaintiff/Appellant's Attorney: _____			
<input type="checkbox"/> Check here if you have no attorney (are a Self-Represented [Pro Se] Litigant)			

SECTION B

Nature of the Case: Place an "X" to the left of the ONE case category that most accurately describes your **PRIMARY CASE**. If you are making more than one type of claim, check the one that you consider most important.

<p>TORT (do not include Mass Tort)</p> <input type="checkbox"/> Intentional <input type="checkbox"/> Malicious Prosecution <input type="checkbox"/> Motor Vehicle <input type="checkbox"/> Nuisance <input type="checkbox"/> Premises Liability <input type="checkbox"/> Product Liability (does not include mass tort) <input type="checkbox"/> Slander/Libel/ Defamation <input type="checkbox"/> Other: _____	<p>CONTRACT (do not include Judgments)</p> <input type="checkbox"/> Buyer Plaintiff <input type="checkbox"/> Debt Collection: Credit Card <input type="checkbox"/> Debt Collection: Other _____ <input type="checkbox"/> Employment Dispute: Discrimination <input type="checkbox"/> Employment Dispute: Other _____ <input type="checkbox"/> Other: _____	<p>CIVIL APPEALS</p> <input type="checkbox"/> Administrative Agencies <input type="checkbox"/> Board of Assessment <input type="checkbox"/> Board of Elections <input type="checkbox"/> Dept. of Transportation <input type="checkbox"/> Statutory Appeal: Other _____ <input type="checkbox"/> Zoning Board <input type="checkbox"/> Other: _____
<p>MASS TORT</p> <input type="checkbox"/> Asbestos <input type="checkbox"/> Tobacco <input type="checkbox"/> Toxic Tort - DES <input type="checkbox"/> Toxic Tort - Implant <input type="checkbox"/> Toxic Waste <input type="checkbox"/> Other: _____	<p>REAL PROPERTY</p> <input type="checkbox"/> Ejectment <input type="checkbox"/> Eminent Domain/Condemnation <input type="checkbox"/> Ground Rent <input type="checkbox"/> Landlord/Tenant Dispute <input type="checkbox"/> Mortgage Foreclosure: Residential <input type="checkbox"/> Mortgage Foreclosure: Commercial <input type="checkbox"/> Partition <input type="checkbox"/> Quiet Title <input type="checkbox"/> Other: _____	<p>MISCELLANEOUS</p> <input type="checkbox"/> Common Law/Statutory Arbitration <input type="checkbox"/> Declaratory Judgment <input type="checkbox"/> Mandamus <input type="checkbox"/> Non-Domestic Relations <input type="checkbox"/> Restraining Order <input type="checkbox"/> Quo Warranto <input type="checkbox"/> Replevin <input type="checkbox"/> Other: _____
<p>PROFESSIONAL LIABILITY</p> <input type="checkbox"/> Dental <input type="checkbox"/> Legal <input type="checkbox"/> Medical <input type="checkbox"/> Other Professional: _____		

COURT OF COMMON PLEAS

Judicial District, County of

NOTICE OF APPEAL

FROM

MAGISTERIAL DISTRICT JUDGE JUDGMENT

COMMON PLEAS No.

NOTICE OF APPEAL

Notice is given that the appellant has filed in the above Court of Common Pleas an appeal from the judgment rendered by the Magisterial District Judge on the date and in the case referenced below.

NAME OF APPELLANT	MAG. DIST. NO.	NAME OF MDJ
ADDRESS OF APPELLANT	CITY	STATE ZIP CODE

DATE OF JUDGMENT	IN THE CASE OF (Plaintiff)	(Defendant)
		vs

DOCKET No.	SIGNATURE OF APPELLANT OR ATTORNEY OR AGENT
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This block will be signed ONLY when this notation is required under Pa. R.C.P.M.D.J. No. 1008. This Notice of Appeal, when received by the Magisterial District Judge, will operate as a SUPERSEDEAS to the judgment for possession in this case.

If appellant was Claimant (see Pa. R.C.P.M.D.J. No. 1001(6) in action before a Magisterial District Judge, A COMPLAINT MUST BE FILED within twenty (20) days after filing the NOTICE of APPEAL.

Signature of Prothonotary or Deputy

PRAECIPE TO ENTER RULE TO FILE COMPLAINT AND RULE TO FILE

(This section of form to be used ONLY when appellant was DEFENDANT (see Pa.R.C.P.M.D.J. No. 1001(7) in action before Magisterial District Judge. IF NOT USED, detach from copy of notice of appeal to be served upon appellee.

PRAECIPE: To Prothonotary

Enter rule upon _____ appellee(s), to file a complaint in this appeal
Name of appellee(s)

(Common Pleas No. _____) within twenty (20) days after service of rule or suffer entry of judgment of non pros.

Signature of appellant or attorney or agent

RULE: To _____, appellee(s)
Name of appellee(s)

(1) You are notified that a rule is hereby entered upon you to file a complaint in this appeal within twenty (20) days after the date of service of this rule upon you by personal service or by certified or registered mail.

(2) If you do not file a complaint within this time, a JUDGMENT OF NON PROS MAY BE ENTERED AGAINST YOU.

(3) The date of service of this rule if service was by mail is the date of the mailing.

Date: _____, 20 _____

Signature of Prothonotary or Deputy

YOU MUST INCLUDE A COPY OF THE NOTICE OF JUDGMENT/TRANSCRIPT FORM WITH THIS NOTICE OF APPEAL.

The appellee and the magisterial district judge in whose office the judgment was rendered must be served with a copy of this Notice pursuant to Pa.R.C.P.M.D.J. 1005(A).

PROOF OF SERVICE OF NOTICE OF APPEAL AND RULE TO FILE COMPLAINT

(This proof of service must be filed within 10 days after
filing of the notice of appeal)

I hereby certify that I served the Notice of Appeal, Common Pleas No. _____,
upon the Magisterial District Judge designated therein on _____, _____ by

- personal service, or
- certified or registered mail, sender's receipt attached hereto,

and upon the appellee, _____, on _____, _____ by

- personal service, or
- certified or registered mail, sender's receipt attached hereto,

I verify that the statements herein are true and correct. I understand that false statements herein are made subject to the penalties of Section 4904 of the Crimes Code (18 Pa.C.S. § 4904) relating to unsworn falsification to authorities..

By: _____
Name

Signature

Date: _____

CERTIFICATE OF COMPLIANCE

I certify that this filing complies with the provisions of the *Public Access Policy of the Unified Judicial System of Pennsylvania: Case Records of the Appellate and Trial Courts* that require filing confidential information and documents differently than non-confidential information and documents.

Submitted by: _____

Signature: _____

Name: _____

Attorney No. (if applicable): _____

SAMPLE

COURT OF COMMON PLEAS

Judicial District, County of

(Fill in name of county in which appeal is filed)

NOTICE OF APPEAL

FROM

MAGISTERIAL DISTRICT JUDGE JUDGMENT

COMMON PLEAS No.

NOTICE OF APPEAL

Notice is given that the appellant has filed in the above Court of Common Pleas an appeal from the judgment rendered by the Magisterial District Judge on the date and in the case referenced below.

NAME OF APPELLANT (Your name & name of anyone else appealing) # of OP 65 MAG DIST NO NAME OF MDJ (Name of District Judge)

ADDRESS OF APPELLANT (Your address) CITY STATE ZIP CODE

DATE OF JUDGMENT (Entered on 05 Judgment) IN THE CASE OF (Plaintiff) (Name of case in District Court - other side vs you) (Defendant)

DOCKET No. (Take from Notice of Judgment / Transcript form) SIGNATURE OF APPELLANT OR ATTORNEY OR AGENT (Sign here)

This block will be signed ONLY when this notation is required under Pa. R.C.P.M.D.J. No. 1008. This Notice of Appeal, when received by the Magisterial District Judge, will operate as a SUPERSEDEAS to the judgment for possession in this case. (only signed by Br AAs for landlord / tenant appeal other sent to pd) Signature of Prothonotary or Deputy

If appellant was Claimant (see Pa. R.C.P.M.D.J. No. 1001(6) in action before a Magisterial District Judge, A COMPLAINT MUST BE FILED within twenty (20) days after filing the NOTICE OF APPEAL.

PRAECIPE TO ENTER RULE TO FILE COMPLAINT AND RULE TO FILE

(This section of form to be used ONLY when appellant was DEFENDANT (see Pa.R.C.P.M.D.J. No. 1001(7) in action before Magisterial District Judge. IF NOT USED, detach from copy of notice of appeal to be served upon appellee.

PRAECIPE: To Prothonotary

Enter rule upon (write in name of other side here) appellee(s), to file a complaint in this appeal

(Common Pleas No. (will be assigned when appeal filed)) within twenty (20) days after service of rule or suffer entry of judgment of non pros.

(your sign here) Signature of appellant or attorney or agent

RULE: To (write in the name of other side) , appellee(s)

- (1) You are notified that a rule is hereby entered upon you to file a complaint in this appeal within twenty (20) days after the date of service of this rule upon you by personal service or by certified or registered mail.
(2) If you do not file a complaint within this time, a JUDGMENT OF NON PROS MAY BE ENTERED AGAINST YOU.
(3) The date of service of this rule if service was by mail is the date of the mailing.

Date: _____, 20____ Signature of Prothonotary or Deputy

YOU MUST INCLUDE A COPY OF THE NOTICE OF JUDGMENT/TRANSCRIPT FORM WITH THIS NOTICE OF APPEAL. The appellee and the magisterial district judge in whose office the judgment was rendered must be served with a copy of this Notice pursuant to Pa R.C.P.M.D J 1005(A).

SAMPLE

PROOF OF SERVICE OF NOTICE OF APPEAL AND RULE TO FILE COMPLAINT

(This proof of service must be filed within 10 days after filing of the notice of appeal)

I hereby certify that I served the Notice of Appeal, Common Pleas No. [13] upon the Magisterial District Judge designated therein on [23] by

- personal service, or
certified or registered mail, sender's receipt attached hereto,

and upon the appellee, Name of other side, on [3] by

- personal service, or
certified or registered mail, sender's receipt attached hereto,

I verify that the statements herein are true and correct. I understand that false statements herein are made subject to the penalties of Section 4904 of the Crimes Code (18 Pa.C.S. § 4904) relating to unsworn falsification to authorities..

By: _____ (sign your name here)
Name Signature

Date: _____

[1] Fill in the case # assigned by the Prothonotary (It will be on the Notice of Appeal)
[2] Fill in the date you gave or sent the papers to the District Judge, and check the box to show how you did it.
[3] Fill in the date you gave or sent the papers to the other side and check the box to show how you did it.
Remember to attach your white receipts for certified mail!