

HOW TO FILE AN APPEAL FROM A LICENSE SUSPENSION

JUDGE HENRY S. KENDERDINE, JR.



COURT SELF HELP CENTER

Disclaimer by the Court of Common Pleas of Lancaster County, Pennsylvania

Neither the staff in the Center nor the staff in any Court office will be able to give you legal advice or help you fill out/complete the forms. The information in the packets 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 call the Lawyer Referral service at (717) 393-0737.

Revised 04/16/18

STOP!!!

YOU MUST READ THIS INFORMATION *BEFORE* YOU START TO FILL OUT ANY FORMS IN THE PACKET!

Beginning on January 6, 2018, all filings in the Lancaster County Court of Common Pleas must be in compliance with the *Case Records Public Access Policy of the Unified Judicial System of Pennsylvania* and Lancaster County Rules of Judicial Administration, Rule 520. There are links to the Policy and the Rule on the Court's website, www.court.co.lancaster.pa.us

How does this impact my filing?

First, beginning on January 6, 2018, if the document you are filing does NOT contain any Confidential Information or have Confidential Documents attached (see list below), you must file a Certificate of Compliance with your filing. A copy of a Certification is attached. (Form 1)

Second, if the document you are filing contains any Confidential Information, you must complete and file the Confidential Information Form (CIF); a copy of this form is attached. (Form 2) Under Section 7 of the Public Access Policy the information listed below is considered Confidential Information, and it shall not be included on any form included in the packet. If the forms in your packet require you to include any of this information, you must put the information on the CIF and use the Alternative Reference suggested on the CIF on the form in the packet. **DO NOT PUT THE CONFIDENTIAL INFORMATION ON THE FORM ITSELF; THE CONFIDENTIAL INFORMATION MUST APPEAR ONLY ON THE CIF.**

1. Social Security Numbers
2. Financial Account Numbers
3. Driver License Numbers
4. State Identification (SID) Numbers
5. Minors' Names and Dates of Birth
6. Abuse Victim's Address and other Contact Information, including employer's name, address and work schedule, in family court actions as defined by Pa. R.C.P. No. 1931(b) except for victim's name

Finally, if you have attached any of the following documents to your filing, you must complete the Confidential Document form (Form 3) and file it with your pleading:

1. Financial Source Documents
2. Minors Educational Records
3. Medical/Psychological Records
4. Children and Youth Services' Records
5. Marital Property Inventory and Pre-Trial Statement (see Pa.R.C.P. No. 1920.33)
6. Income and Expense Statement (see Pa. R.C.P. No. 1910.27(c))
7. Agreement between the Parties (see 23 Pa.C.S. sect 3105)

The Court or custodian is not required to review or redact any filed document for compliance with this policy. Failure to comply may lead to imposed sanctions.

(Rev. 7/1/2018)

CERTIFICATE OF COMPLIANCE

Docket No. _____

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

Signature _____

(Attorney or pro se litigant)

Print Name _____

Attorney No. (if applicable) _____

**CONFIDENTIAL
INFORMATION
FORM**



Case Records Public Access Policy of the Unified Judicial System of Pennsylvania
204 Pa. Code § 213.81
www.pacourts.us/public-records

(Party name as displayed in case caption)

Docket/Case No.

Vs.

(Party name as displayed in case caption)

Court

This form is associated with the pleading titled _____, dated _____.

Pursuant to the *Case Records Public Access Policy of the Unified Judicial System of Pennsylvania*, the Confidential Information Form shall accompany a filing where confidential information is **required by law, ordered by the court, or otherwise necessary to effect the disposition of a matter**. This form, and any additional pages, shall remain confidential, except that it shall be available to the parties, counsel of record, the court, and the custodian. This form, and any additional pages, must be served on all unrepresented parties and counsel of record.

This Information Pertains to:	Confidential Information:	References in Filing:
<p>_____ (full name of adult)</p> <p>OR</p> <p>This information pertains to a minor with the initials of ____ and the full name of</p> <p>_____ (full name of minor)</p> <p>and date of birth: _____</p>	<p>Social Security Number (SSN): _____</p> <p>Financial Account Number (FAN): _____</p> <p>Driver License Number (DLN): _____</p> <p>State of Issuance: _____</p> <p>State Identification Number (SID): _____</p>	<p>Alternative Reference: SSN 1</p> <p>Alternative Reference: FAN 1</p> <p>Alternative Reference: DLN 1</p> <p>Alternative Reference: SID 1</p>
<p>_____ (full name of adult)</p> <p>OR</p> <p>This information pertains to a minor with the initials of ____ and the full name of</p> <p>_____ (full name of minor)</p> <p>and date of birth: _____</p>	<p>Social Security Number (SSN): _____</p> <p>Financial Account Number (FAN): _____</p> <p>Driver License Number (DLN): _____</p> <p>State of Issuance: _____</p> <p>State Identification Number (SID): _____</p>	<p>Alternative Reference: SSN 2</p> <p>Alternative Reference: FAN 2</p> <p>Alternative Reference: DLN 2</p> <p>Alternative Reference: SID 2</p>

**CONFIDENTIAL
INFORMATION
FORM**



Additional page(s) attached. _____ total pages are attached to this filing.

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

Signature of Attorney or Unrepresented Party

Date

Name: _____

Attorney Number: (if applicable) _____

Address: _____

Telephone: _____

Email: _____

NOTE: Parties and attorney of record in a case will have access to this Confidential Information Form. Confidentiality of this information must be maintained.

**CONFIDENTIAL
INFORMATION
FORM**



Additional page (if necessary)

This Information Pertains to:	Confidential Information:	References in Filing:
<p>_____</p> <p>(full name of adult)</p> <p>OR</p> <p>This information pertains to a minor with the initials of _____ and the full name of _____</p> <p>_____</p> <p>(full name of minor)</p> <p>and date of birth: _____</p>	<p>Social Security Number (SSN): _____</p> <p>Financial Account Number (FAN): _____</p> <p>Driver License Number (DLN): _____</p> <p>State of Issuance: _____</p> <p>State Identification Number (SID): _____</p>	<p>Alternative Reference: SSN ____</p> <p>Alternative Reference: FAN ____</p> <p>Alternative Reference: DLN ____</p> <p>Alternative Reference: SID ____</p>
<p>_____</p> <p>(full name of adult)</p> <p>OR</p> <p>This information pertains to a minor with the initials of _____ and the full name of _____</p> <p>_____</p> <p>(full name of minor)</p> <p>and date of birth: _____</p>	<p>Social Security Number (SSN): _____</p> <p>Financial Account Number (FAN): _____</p> <p>Driver License Number (DLN): _____</p> <p>State of Issuance: _____</p> <p>State Identification Number (SID): _____</p>	<p>Alternative Reference: SSN ____</p> <p>Alternative Reference: FAN ____</p> <p>Alternative Reference: DLN ____</p> <p>Alternative Reference: SID ____</p>
<p>_____</p> <p>(full name of adult)</p> <p>OR</p> <p>This information pertains to a minor with the initials of _____ and the full name of _____</p> <p>_____</p> <p>(full name of minor)</p> <p>and date of birth: _____</p>	<p>Social Security Number (SSN): _____</p> <p>Financial Account Number (FAN): _____</p> <p>Driver License Number (DLN): _____</p> <p>State of Issuance: _____</p> <p>State Identification Number (SID): _____</p>	<p>Alternative Reference: SSN ____</p> <p>Alternative Reference: FAN ____</p> <p>Alternative Reference: DLN ____</p> <p>Alternative Reference: SID ____</p>

CONFIDENTIAL INFORMATION FORM



Instructions for Completing the Confidential Information Form

The following information is confidential and shall not be included in any document filed with a court or custodian, except on a Confidential Information Form filed contemporaneously with the document:

1. Social Security Numbers
2. Financial Account Numbers, except an active financial account number may be identified by the last four digits when the financial account is the subject of the case and cannot otherwise be identified. “Financial Account Numbers” include financial institution account numbers, debit and credit card numbers, and methods of authentication used to secure accounts such as personal identification numbers, user names and passwords.
3. Driver License Numbers
4. State Identification (SID) Numbers
5. Minors’ names and dates of birth except when a minor is charged as a defendant in a criminal matter (see 42 Pa.C.S. § 6355). “Minor” is a person under the age of eighteen.
6. Abuse victim’s address and other contact information, including employer’s name, address and work schedule, in family court actions as defined by Pa.R.C.P. No. 1931(a), except for victim’s name. “Abuse Victim” is a person for whom a protection order has been granted by a court pursuant to Pa.R.C.P. No. 1901 et seq. and 23 Pa.C.S. § 6101 et seq. or Pa.R.C.P. No. 1951 et seq. and 42 Pa.C.S. § 62A01 et seq. **If necessary, this information must be provided on the separate Abuse Victim Addendum. Please note there are separate instructions for the completion of the Addendum located on the form.**

Please note this form does not need to be filed in types of cases that are sealed or exempted from public access pursuant to applicable authority (e.g. juvenile, adoption, etc.).

- **The best way to protect confidential information is not to provide it to the court. Therefore, only provide confidential information to the court when it is required by law, ordered by the court or is otherwise necessary to effect the disposition of a matter.**
- Do not include confidential information in any other document filed with the court under this docket.
- If you need to refer to a piece of confidential information in a document, use the alternate references. If you need to attach additional pages, sequentially number each alternate reference – i.e. SSN 3, SSN 4, etc.
- This form, and any additional pages, must be served on all unrepresented parties and counsel of record.

A court or custodian is not required to review or redact any filed document for compliance with the *Case Records Public Access Policy of the Unified Judicial System of Pennsylvania*. A party’s or attorney’s failure to comply with this section shall not affect access to case records that are otherwise accessible.

If a filed document fails to comply with the requirements of the above referenced policy, a court of record may, upon motion or its own initiative, with or without a hearing, order the filed document sealed, redacted, amended or any combination thereof; a magisterial district court may, upon request or its own initiative, redact, amend or both. A court of record may impose sanctions, including costs necessary to prepare a compliant document for filing in accordance with applicable authority.

**CONFIDENTIAL
INFORMATION
FORM**



Abuse Victim Addendum

Instructions for Completing the Abuse Victim Addendum: The Abuse Victim Addendum shall accompany a filing where confidential information is being provided by an abuse victim, as defined in this policy, **in family court actions** (see Pa.R.C.P. No. 1931(a)), **as required by law, ordered by the court, or otherwise necessary to effect the disposition of a matter.** This addendum, and any additional pages, shall only be provided to the court and shall remain confidential. The best way to protect confidential information is not to provide it to the court. Therefore, only provide confidential information to the court when it is required by law, ordered by the court or is otherwise necessary to effect the disposition of a matter.

Type of Family Court Action		
Divorce, Annulment, Dissolution of Marriage	Child Custody	
Support	Paternity	Protection from Abuse
This Information Pertains to:	Confidential Information:	References in Filing:
<hr/> (full name of abuse victim)	AV Address: <hr/>	Alternative Reference: AV 1 Address
<hr/> Docket/Case No. of Protection Order	AV Employer's Name & Address: <hr/>	Alternative Reference: AV 1 Employer's Name & Address
<hr/> Court/County	AV Work Schedule: <hr/>	Alternative Reference: AV 1 Work Schedule
	AV Other contact information: <hr/>	Alternative Reference: AV 1 Other contact information

Attach additional page(s) if necessary.

**CONFIDENTIAL
INFORMATION
FORM**



Abuse Victim Addendum

Additional page (if necessary)

Type of Family Court Action		
Divorce, Annulment, Dissolution of Marriage	Child Custody	
Support	Paternity	Protection from Abuse
This Information Pertains to:	Confidential Information:	References in Filing:
<hr/> (full name of abuse victim)	AV Address: <hr/>	Alternative Reference: AV __ Address
<hr/> Docket/Case No. of Protection Order	AV Employer's Name & Address: <hr/>	Alternative Reference: AV __ Employer's Name & Address
<hr/> Court/County	AV Work Schedule: <hr/>	Alternative Reference: AV __ Work Schedule
	AV Other contact information: <hr/>	Alternative Reference: AV __ Other contact information

Type of Family Court Action		
Divorce, Annulment, Dissolution of Marriage	Child Custody	
Support	Paternity	Protection from Abuse
This Information Pertains to:	Confidential Information:	References in Filing:
<hr/> (full name of abuse victim)	AV Address: <hr/>	Alternative Reference: AV __ Address
<hr/> Docket/Case No. of Protection Order	AV Employer's Name & Address: <hr/>	Alternative Reference: AV __ Employer's Name & Address
<hr/> Court/County	AV Work Schedule: <hr/>	Alternative Reference: AV __ Work Schedule
	AV Other contact information: <hr/>	Alternative Reference: AV __ Other contact information

**CONFIDENTIAL
DOCUMENT FORM**



Case Records Public Access Policy of the Unified Judicial System of Pennsylvania

204 Pa. Code § 213.81

www.pacourts.us/public-records

(Party name as displayed in case caption)

Docket/Case No.

Vs.

(Party name as displayed in case caption)

Court

This form is associated with the pleading titled _____, dated _____, _____.

Pursuant to the *Case Records Public Access Policy of the Unified Judicial System of Pennsylvania*, the Confidential Document Form shall accompany a filing where a confidential document is required by law, ordered by the court, or is otherwise necessary to effect the disposition of a matter. This form shall be accessible to the public, however the documents attached shall not be publicly accessible, except as ordered by a court. The documents attached will be available to the parties, counsel of record, the court, and the custodian.

Please only attach documents necessary for the purposes of this case. Complete the entire form and check all that apply. This form and any additional pages must be served on all unrepresented parties and counsel of record.

Type of Confidential Document	Paragraph, page, etc. where the confidential document is referenced in the filing:
Financial Source Documents Tax Returns and schedules	
W-2 forms and schedules including 1099 forms or similar documents	
Wage stubs, earning statements, or other similar documents	
Credit card statements	
Financial institution statements (e.g., investment/bank statements)	
Check registers	
Checks or equivalent	
Loan application documents	
Minors' educational records	
Medical/Psychological records	
Children and Youth Services' records	
Marital Property Inventory and Pre-Trial Statement as provided in Pa.R.C.P. No. 1920.33	
Income and Expense Statement as provided in Pa.R.C.P. No. 1910.27(c)	
Agreements between the parties as used in 23 Pa.C.S. §3105	

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

Signature of Attorney or Unrepresented Party

Date

Name: _____

Attorney Number: (if applicable) _____

Address: _____

Telephone: _____

Email: _____



Instructions for Completing the Confidential Document Form

The following documents are confidential and shall be filed with a court or custodian with the “Confidential Document Form”:

1. Financial Source Documents as listed on the form
2. Minors’ educational records
3. Medical/Psychological records are defined as “records relating to the past, present, or future physical or mental health or condition of an individual”
4. Children and Youth Services’ records
5. Marital Property Inventory and Pre-Trial Statement as provided in Pa.R.C.P. No. 1920.33
6. Income and Expense Statement as provided in Pa.R.C.P. No. 1910.27(c)
7. Agreements between the parties as used in 23 Pa.C.S. § 3105

For each confidential document, list the paragraph, page, etc. where the document is referenced in the filing. Please note, this form does not need to be filed in types of cases that are sealed or exempted from public access pursuant to applicable authority (e.g. juvenile, adoption, etc.)

- **Please only attach documents necessary for the purposes of this case.**
- Complete the entire form and check all that apply.
- This form, and any additional pages, must be served on all unrepresented parties and counsel of record.

A court or custodian is not required to review or redact any filed document for compliance with the *Case Records Public Access Policy of the Unified Judicial System of Pennsylvania*. A party’s or attorney’s failure to comply shall not affect access to case records that are otherwise accessible.

If a filed document fails to comply with the above referenced policy, a court of record may, upon motion or its own initiative, with or without a hearing, order the filed document sealed; a magisterial district court may do so upon request or its own initiative. A court of record may impose sanctions, including costs necessary to prepare a compliant document for filing in accordance with applicable authority.

LICENSE SUSPENSION APPEALS

Filing Procedure:

1. Forms to appeal the suspension of your driver's license are included in this packet.

2. Appeals of PennDOT's proposed suspension of driving privileges must be filed within thirty (30) days of the mail date which appears at the top of the Notice that you received from PennDOT. Your Appeal will be clocked-in, numbered and your receipt returned to you. The Prothonotary will keep the original and 2 copies.

3. If your license is being suspended as a result of having been convicted of a motor vehicle violation, a License Suspension Appeal is not the appropriate forum to argue about your conviction. In that case, you should file an appeal of the summary conviction itself. Please refer to the Summary Appeal procedures in the Summary Appeal packet.

Your License Suspension Appeal may serve to stay (postpone) your suspension while you litigate the basis for the underlying suspension, **IF** your suspension is **NOT** based on one of the provisions listed below:

- Sect. 1519 - medical recall
- Sect. 1572 - cancellation of license
- Sect. 1606 - disqualification of commercial driving privilege

It is strongly recommended that you consult an attorney if your license is suspended for one of the reasons listed above, because the appeal will **not** act as a stay of the suspension and **you are not allowed to continue to drive without a special court order.**

4. This packet has forms for the Petition and Order to schedule a hearing on your appeal of the license suspension. The suspension letter from PennDOT must be attached to the Petition. An original and four (4) copies of this appeal should be filed along with the filing fee of \$186.00 in the form of cash, money order, cashier's check, or personal check.

5. When this Petition is filed with the Prothonotary's Office, two (2) time stamped copies of the petition will be returned to you. One is your copy, and the other copy is intended for PennDOT. You must send PennDOT's copy by certified mail to the address listed in the suspension notice. You should keep the certified mail receipt and bring it with you to Court. After you send the Petition to PennDOT, you will receive correspondence from them as to the status of

your driving privilege. It is recommended that you do not drive until you receive this letter from PennDOT. You may also contact PennDOT at 1-800-932-4600 to confirm the status of your license.

6. The Petition and Order will be forwarded by the Prothonotary's Office to Court Administration to schedule a hearing. The Prothonotary's Office will send you a copy of the completed Order that schedules the date, time and place that you are to appear in court.

7. In addition, you should complete the top portion only of the document titled Court Administration Office Scheduling Cover Sheet. This cover sheet should be submitted when the appeal is filed. Also, a separate document titled Prothonotary Civil Cover Sheet should be prepared and submitted at the same time the appeal is filed. Note that the Defendant is the Commonwealth of Pennsylvania. The bottom portion of that form should not be completed. Copies of both of these forms are included in this packet.

PLEASE NOTE-DO NOT SUBMIT AN INCOMPLETE PETITION. IF YOUR PETITION DOES NOT CONTAIN ALL OF THE REQUIRED INFORMATION, IT WILL BE REJECTED BY THE COURT. IF THE COMPLAINT IS REJECTED, YOU MAY BE REQUIRED TO RE-FILE YOUR PETITION AND PAY THE FILING FEE AGAIN.

COURT-STAFFED OFFICES IN THE COURTHOUSE ARE NOT PERMITTED TO GIVE YOU LEGAL ADVICE.

If you feel you need an attorney, you may contact the **LANCASTER BAR ASSOCIATION. Telephone: (717) 393-0737.**

Hearing Procedure:

1. Hearings are held on the 3rd and 4th floors of the Lancaster County Courthouse at 50 North Duke Street, Lancaster, PA. A License Suspension Appeal is a trial in a court of law. As such, this proceeding should be taken seriously and all parties, court personnel and the judge should be treated with respect. Proper attire should be worn to Court and the judge should be addressed as “Your Honor.” You should arrange to be away from home, work, your children, etc. for the entire morning or afternoon. It is strongly suggested that small children not be brought to the Courthouse, as they will not be allowed in the Courtroom. Upon entering the Courthouse, you should proceed to the Courtroom that is listed on the scheduling order and check in with either the attorney handling the list of cases for that morning or afternoon or one of the bailiffs assigned to that courtroom.

2. You should be prepared with all the relevant paperwork and witnesses that you may need to call in your case. There will be an attorney representing PennDOT on the other side at the hearing. The attorney for PennDOT will be familiar with the rules of evidence and you may need an attorney to help you have your documents accepted in evidence and reviewed by the judge.

3. If for any reason you are unable to attend your License Suspension Appeal Hearing on the date scheduled, you must contact the attorney representing PennDOT at 1-717-787-2830 as soon as possible. If you fail to appear at your License Suspension Appeal Hearing and no continuance was granted by the judge, your appeal will be dismissed and the suspension will stand.

IN THE COURT OF COMMON PLEAS OF LANCASTER COUNTY, PENNSYLVANIA
CIVIL ACTION - LAW

VS. No. _____
COMMONWEALTH OF PENNSYLVANIA,
DEPARTMENT OF TRANSPORTATION,
BUREAU OF DRIVER LICENSING

SCHEDULING ORDER

AND NOW, this ___ day of _____, 20 ___, upon presentation of the within
Petition, a hearing is scheduled for _____, 20 ___, at _____ o'clock ____ .m.,
in Courtroom No. _____ of the Lancaster County Courthouse, Lancaster, Pennsylvania.

BY THE COURT:

J.

IN THE COURT OF COMMON PLEAS OF LANCASTER COUNTY, PENNSYLVANIA
CIVIL ACTION - LAW

VS. No. _____
COMMONWEALTH OF PENNSYLVANIA,
DEPARTMENT OF TRANSPORTATION,
BUREAU OF DRIVER LICENSING

APPEAL FROM THE SUSPENSION OF OPERATING PRIVILEGES

TO THE HONORABLE, THE JUDGES OF SAID COURT:

AND NOW comes Petitioner, _____, who, respectfully
(Your Name)

avers as follows:

1. Petitioner, _____, resides at _____
(Your Name) (Your Complete
Mailing Address)

_____. Petitioner's Pennsylvania Operator's Number is _____.

2. PennDOT proposes by Notice dated _____ to suspend
Petitioner's driving privileges for a period of _____ (days) _____ (months) ____ year(s),
pursuant to Section _____ of the Vehicle Code, effective _____.

3. The withdrawal and suspension of Petitioner's operating privileges is unlawful,
for the following reasons: _____

WHEREFORE, Petitioner respectfully requests that this Honorable Court allow him/her to take an appeal from the suspension of his operating privileges.

Respectfully Submitted,

Name:

Address:

Phone Number:

Dated: _____

IN THE COURT OF COMMON PLEAS OF LANCASTER COUNTY, PENNSYLVANIA
**PROTHONOTARY
CIVIL COVER SHEET**

PLEASE LIST NAMES AND ADDRESSES OF ADDITIONAL PARTIES ON A SEPARATE SHEET.

ALL PARTY INFORMATION IS REQUIRED INCLUDING ZIP CODES. ALL PARTY INFORMATION MUST MATCH THE PLEADING. PLEASE DO NOT STAPLE THE COVER SHEET TO THE PLEADING. IF AN EVENT NEEDS TO BE SCHEDULED, A CAO SCHEDULING COVER SHEET MUST ALSO BE ATTACHED.

For Prothonotary Use Only:

DOCKET No: CI -

TYPE OF ACTION:

PARTY INFORMATION

PLAINTIFF'S NAME:

DEFENDANT'S NAME:

ADDRESS:
*If confidential,
use 2nd sheet*

ADDRESS:

MUNICIPALITY:

MUNICIPALITY:

TWP/BOROUGH:

TWP/BOROUGH:

DOB: (mm/dd/yyyy)

TELEPHONE #: (#####)

DOB: (mm/dd/yyyy)

TELEPHONE #: (#####)

FILING ATTORNEY / FILING PARTY INFORMATION

FIRM/OFFICE:

FILING ATTORNEY/PARTY:

AOPC: (Attorney ID) #:

ADDRESS: CITY: STATE: ZIP CODE:

TELEPHONE #: (#####)

EMAIL:

TAX LIEN INFORMATION

MUNICIPALITY:

MAP REFERENCE:

DEED BOOK:

DEED PAGE:

DEED DATE:

SALE PRICE:

TAX YEAR:

TAX LIEN AMOUNT:

PROPERTY DESCRIPTION:

PFA/SVPO/PFI INFORMATION

HEARING DATE:

SOCIAL SECURITY #: (Defendant – Last 4 digits)

POLICE DEPARTMENT:

PREVIOUS PETITIONS: YES NO If 'YES', File Date:

IN THE COURT OF COMMON PLEAS OF LANCASTER COUNTY, PENNSYLVANIA
COURT ADMINISTRATION OFFICE SCHEDULING COVER SHEET (CAOSCS)
IN ORDER TO BE PROCESSED ALL REQUESTED INFORMATION MUST BE COMPLETED

PLEASE TYPE OR PRINT LEGIBLY
ORIGINAL CAPTION

PLAINTIFF CHANGE OF ADDRESS

DOCKET NO. CI-

DEFENDANT CHANGE OF ADDRESS

NAME, ADDRESS AND TELEPHONE NUMBER OF ATTORNEYS/PRO SE

PLAINTIFF CHANGE OF ADDRESS

DEFENDANT CHANGE OF ADDRESS

Check one

CIVIL FAMILY DOMESTIC RELATIONS (SEE INSTRUCTIONS ON BACK OF FORM)

Name of person submitting CAOSCS: _____

SECTION A: EVENT INFORMATION

Hearing type: ____ Conference type: ____ Length of time _____

SECTION B: SCHEDULING INFORMATION (Select one option below)

REQUEST TO SCHEDULE AN EVENT: Family Business Court pick-up date if applicable: ____
Date: _____ Time: _____ Place: _____ judge/CCO/DM: _____

REQUEST FOR CHANGE OF A SCHEDULED EVENT:
____ Continuation ____ Cancellation Opposing counsel/Parties **__ IS __ IS NOT** in agreement
Presently scheduled for: Date: ____ Time: ____ Place: ____ Judge/CCO/DM: ____
Continued to: Date: ____ Time: : ____ Place: ____ Judge/CCO/DM: ____
Reason: _____

Special instructions for rescheduling event:

REQUEST TO SCHEDULE A CONTINUATION AFTER START OF HEARING:

Date Started: _____ Time: ____ Place: ____ Judge/CCO/DM: ____
Continuation scheduled for: Date: ____ Time: : ____ Place: ____ Judge/CCO/DM: ____

SECTION C: COURT USE ONLY

Approved by Judge _____ **Date:** _____

For Court Administration Use Only

Report Enter/Deleted on CCSC CDAEVNT Scheduled in BANNER Letters Sent

(If a continuation, this must be indicated on CCSC)

Initials/Date _____

Updated 06/14/11

Supreme Court of Pennsylvania

Court of Common Pleas Civil Cover Sheet



County _____

For Prothonotary Use Only:

Docket No: _____

TIME STAMP

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:

- Complaint Writ of Summons Petition Notice of Appeal
 Transfer from Another Jurisdiction Declaration of Taking

Lead Plaintiff's Name: _____

Lead Defendant's Name: _____

Check here if you are a Self-Represented (Pro Se) Litigant

Name of Plaintiff/Appellant's Attorney: _____

Are money damages requested? : Yes No

Dollar Amount Requested: _____ within arbitration limits
(Check one) _____ outside arbitration limits

Is this a *Class Action Suit*? Yes No

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.

TORT (do not include Mass Tort)

- Intentional
 Malicious Prosecution
 Motor Vehicle
 Nuisance
 Premises Liability
 Product Liability (does not include mass tort)
 Slander/Libel/ Defamation
 Other: _____

MASS TORT

- Asbestos
 Tobacco
 Toxic Tort - DES
 Toxic Tort - Implant
 Toxic Waste
 Other: _____

PROFESSIONAL LIABILITY

- Dental
 Legal
 Medical
 Other Professional: _____

CONTRACT (do not include Judgments)

- Buyer Plaintiff
 Debt Collection: Credit Card
 Debt Collection: Other

 Employment Dispute:
 Discrimination
 Employment Dispute: Other

 Other: _____

REAL PROPERTY

- Ejectment
 Eminent Domain/Condemnation
 Ground Rent
 Landlord/Tenant Dispute
 Mortgage Foreclosure
 Partition
 Quiet Title

 Other: _____

CIVIL APPEALS

- Administrative Agencies**
 Board of Assessment
 Board of Elections
 Dept. of Transportation
 Zoning Board
 Statutory Appeal: Other

Judicial Appeals
 MDJ - Landlord/Tenant
 MDJ - Money Judgment
 Other: _____

MISCELLANEOUS

- Common Law/Statutory Arbitration
 Declaratory Judgment
 Mandamus
 Non-Domestic Relations
 Restraining Order
 Quo Warranto
 Replevin

 Other: _____

