

HOW TO FILE A SUMMARY APPEAL

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 393-0737.

Revised 11/09/10

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	Paternity	Child Custody
Support		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	Paternity	Child Custody
Support		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.

SUMMARY APPEALS

FILING PROCEDURE:

1. Following a hearing on a Summary offense (a charge filed by Citation) before a Magisterial District Judge or the entry of a Guilty Plea, at that level, you may file a Summary Appeal to the Court of Common Pleas of Lancaster County in the Clerk of Courts Office. This Appeal must be filed within thirty (30) days of the entry of a conviction, whether by paying the ticket or by finding of guilt after a hearing. The thirty (30) days includes Saturdays, Sundays and Holidays, unless the deadline falls on one of those days in which case, the deadline is the next business day. The Clerk of Courts will accept the Appeal but does not have the authority to decide if it has been timely filed. The Summary Appeal will be clocked in, numbered and a copy returned to you with your receipt. You are requesting a Hearing De Novo, which means that a hearing will be held as if no action was taken at the Magisterial District Judge level.

2. A blank Summary Appeal form is included in this packet. To file your appeal, you must properly complete the Summary appeal form and as previously stated, submit it to the Clerk of Courts Office. For each submitted appeal form, there is a \$49.00 NON-RETURNABLE FILING FEE. The filing fee must be paid in cash or by cashiers check or money order at the time of submission to the clerk of courts. **No personal checks are accepted.**

To complete the Appeal form you will largely use information on the issued Citation you received at the time of the alleged offense. The following is clarification of other requested information on the form . . .

“Appeal from sentence of . . . (enter sentence rendered by Magisterial District Judge).”

“Affiant” is the arresting officer.

“Issuing authority” is the Magisterial District Judge.

Enter “Attorney” information only if you decide to hire a defense attorney.

Please **PRINT LEGIBLY** or type requested information.

3. If one defendant has one or more Citations heard and one hearing before a Magisterial District Judge, the Citations may be submitted on one form. If there are two different defendants with two different Citations heard at one hearing before a Magisterial District Judge, they must be submitted on separate forms. If there are two different defendants on one Citation heard at one hearing before a Magisterial District Judge, please check with the Clerk before filling out the Appeal form. Make Money Orders payable to the Clerk of Court and send with the Appeal form to Clerk of Courts Office, P.O. Box 83480, 50 North Duke Street, Lancaster, PA 17608-3480. Alternatively, the Appeal can be filed in person at the Clerk of Courts Office located on the second floor of the Courthouse at 50 North Duke Street, Lancaster, PA. The Appeal will be clocked-in at that time.

HEARING PROCEDURE:

1. Hearing dates are set by the District Attorney's office. A Notice of a hearing date will be mailed to you at your residence. Hearings are held on the 3rd and 4th floors of the Lancaster County Courthouse at 50 North Duke Street, Lancaster, PA. A Summary 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." The officer who issued you a citation may be present to give testimony and you will have the opportunity to cross-examine the officer and any other witnesses, as well as to present testimony and evidence that the Court feels is relevant. 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 courtroom, as disruptive children will be removed. You can find out what courtroom the hearing will be held by contacting the Court Administration Office the morning of the hearing and asking for the summary appeals courtroom. Upon entering the courthouse, you should proceed to the courtroom and check in with either the assistant district 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 a district attorney representing the Commonwealth on the other side at the hearing. The district attorney 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 Summary Appeal Hearing on the date scheduled, you must request a "Court Continuance". Please refer to the Continuance Procedure handout. If you fail to appear at your summary appeal hearing and no continuance was granted by the judge, your appeal will be dismissed and the decision of the Magisterial District Judge will stand or a Bench Warrant could be issued.

FINES AND COSTS:

If you are found "Guilty" of the original or amended charge(s), at your Summary Appeal hearing, you may be required to pay additional fines and court costs. The minimum court costs are \$61.00 and may be more depending on the case.

If you are found "Guilty" at your Summary Appeal hearing but the Judge reduces your fine, and if the reduced fine and court costs are lower than any payments you previously paid on your account, the difference will be refunded to you by the Lancaster County Treasurer's Office. Likewise, if you are found "Not Guilty" at your Summary Appeal hearing and you already made payment(s) on your account either at the Magisterial District Judge level or at the County Treasurer's

Office, those payments will be refunded to you by the Lancaster County Treasurer's Office.

Upon disposition of your appeal, you will be billed for your fines and costs, and a copy of the Sentencing Orders signed by the Common Pleas Judge will be mailed to you or to your attorney, if applicable. If you were found "Not Guilty", a copy of the Sentencing Order will be mailed to you or your attorney, if applicable.

SUMMARY APPEALS INVOLVING A LICENSE SUSPENSION:

If your Summary Appeal involves a PA Driver's License suspension and you wish to delay the license suspension for up to six months before your hearing, complete the attached application and send it to PENNDOT at the address shown on the application.

PLEASE NOTE THE FOLLOWING:

1. You must attach a **certified/time-stamped** copy of your Summary Appeal.
2. If you qualify for a suspension delay, your license suspension will be delayed only for 6 months.
3. This application form can be used only if your driver's license is in jeopardy of suspension, revocation or disqualification - **NOT** for removal of points, exams or hearings.

Commonwealth of Pennsylvania
Court of Common Pleas
County of: _____
_____ Judicial District



**Notice of Appeal from Summary
Criminal Conviction**

Name and Address of Appellant:

_____ Zip: _____

Date: _____
Issuing Authority Docket No: _____
Citation No: _____
Magisterial District No: _____

A sentence of _____ was imposed
on: _____. Offense(s) of which convicted: _____

Grounds relied upon for appeal (except when the appeal is from a guilty plea or a conviction): _____

Date of entry of guilty plea, the conviction, or other final order from which appeal is taken: _____

Name and mailing address of affiant as shown on
citation or complaint:

_____ Zip: _____

If sentence includes fines, costs or restitution,
amount paid, if any:

Type or amount of bail or collateral furnished to
issuing authority, if any:

Name and mailing address of issuing authority:

Zip: _____ Phone No: _____

Name and address of attorney filing notice of appeal:
(signature) _____
(printed name) _____
_____ Zip: _____
Supreme Court ID No: _____
Phone No: _____ Fax No: _____

NOTICE TO DEFENDANT:

If your appeal is from a motor vehicle conviction other than parking, have the clerk of courts certify this copy and mail it the following address:

**PennDOT
Correspondence Unit
PO Box 68618
Harrisburg, PA 17106**

I hereby certify that an appeal has been filed in the above-captioned case.

- Clerk of Courts- Original
- 1 Copy for Bureau of Traffic Safety
- 1 Copy for District Attorney
- 1 Copy for District Justice
- 1 Copy for Defendant
- 1 Copy for Affiant

Clerk Of Courts

**REQUEST FOR DELAY OF SUSPENSION, REVOCATION
OR DISQUALIFICATION**

Pursuant to Act 48 of 1995 - Section 1555

Notice to PENNDOT of filing of Appeal from Summary Conviction

DATE _____

Name: _____

Driver's License: _____

CCP Case#: _____

This is to certify that I have filed an appeal from summary conviction with the Commonwealth of Pennsylvania, _____ County. Please delay my license suspension for six-months.

Signature: _____

Attached: certified/time-stamped copy of appeal

Send to
PENNDOT
Discrepancy Unit
P.O. Box 68615
Harrisburg, PA 17106

**PLEASE NOTE: USE THIS FORM ONLY IF YOUR LICENSE IS IN JEOPARDY OF
SUSPENSION, REVOCATION OR DISQUALIFICATION - NOT FOR REMOVAL OF
POINTS, EXAMS OR HEARINGS.**