

00-367-CD
ROBERT B. WELCH -vs- BARBARA WADDING

IN THE COURT OF COMMON PLEAS CLEARFIELD COUNTY,
PENNSYLVANIA

ROBERT B WELCH :
Plaintiff/Appellant :
vs :
: :
: :
: :
: :
: :
: :
BARBARA RICHTER WADDING :
Defendant/Appellee

CERTIFICATE OF SERVICE

I, ROBERT B. WELCH, Plaintiff above named, do hereby certify that on the 10th day of April, 2000, I caused a certified copy of the Complaint to be mailed, first class - postage prepaid, to the Defendant at her address as follows:

BARBARA RICHTER WADDING
R.D. #1 Box 61-A
Mahaffey, PA 15757

FILED

APR 11 2008

William A. Shaw
Prothonotary



FILED

NO
cc

0124470X
APR 11 2006

William A. Shaw
Prothonotary

COMMONWEALTH OF PENNSYLVANIA

COURT OF COMMON PLEAS
CLEARFIELD
JUDICIAL DISTRICT

416TH

NOTICE OF APPEAL

FROM

DISTRICT JUSTICE JUDGMENT

COMMON PLEAS No.

00-367-CD

①

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 District Justice on the date and in the case mentioned below.

NAME OF APPELLANT	District Court 416-3-04		
Barbara L. Wedding	MAG. DIST. NO. OR NAME OF D.J.	HAB	
ADDRESS OF APPELLANT	CITY	STATE	ZIP CODE
100. B. Welch Mahaffey	PA 13757		
DATE OF JUDGMENT	(IN THE CASE OF (Plaintiff))		
2/24/2000	81	Robert B. Welch	(Defendant)
CLAIM NO.	vs. Barbara L. Wedding		
CV 19	SIGNATURE OF APPELLANT OR HIS ATTORNEY OR AGENT		
LT 19			
This block will be signed ONLY when this notation is required under Pa. R.C.P.J.P. No. 1008B.			
This Notice of Appeal, when received by the District Justice, will operate as a SUPERSEDEAS to the judgment for possession in this case.			
Signature of Prothonotary or Deputy			

If appellant was CLAIMANT (see Pa. R.C.P.J.P. No. 1001(6) in action before District Justice, he MUST FILE A COMPLAINT within twenty (20) days after filing his 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.J.P. No. 1001(7) in action before District Justice. IF NOT USED, detach from copy of notice of appeal to be served upon appellee).

PRAECIPE: To Prothonotary

Enter rule upon ROBERT B. WELCH, Name of appellee(s), to file a complaint in this appeal

(Common Pleas No. 00-367-CD) within twenty (20) days after service of rule or suffer entry of judgment of non pros.

 Signature of appellant or his attorney or agent

RULE: To ROBERT B. WELCH, 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 WILL BE ENTERED AGAINST YOU.

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

Date: March 24, 2000.

 Signature of Prothonotary or Deputy

FINED

MAR 24 2000

William A. Shaw
Prothonotary

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

(This proof of service MUST BE FILED WITHIN TEN (10) DAYS AFTER filing the notice of appeal. Check applicable boxes)

COMMONWEALTH OF PENNSYLVANIA

COUNTY OF _____ ; ss

AFFIDAVIT: I hereby swear or affirm that I served

a copy of the Notice of Appeal, Common Pleas No. _____, upon the District Justice designated therein on (date of service) _____, by personal service by (certified) (registered) mail, sender's receipt attached hereto, and upon the appellee, (name) _____, on _____, 19_____, by personal service by (certified) (registered) mail, sender's receipt attached hereto.

and further that I served the Rule to File a Complaint accompanying the above Notice of Appeal upon the appellee(s) to whom the Rule was addressed on _____, 19_____, by personal service by (certified) (registered) mail, sender's receipt attached hereto.

SWORN (AFFIRMED) AND SUBSCRIBED BEFORE ME

THIS _____ DAY OF _____, 19_____

Signature of official before whom affidavit was made

Title of official

My commission expires on _____, 19_____

Signature of affiant

FILED
FEB 2000
pd by
Atty
William A. Shaw
Atty
Prothonotary
MAR 2 4 2000
Shaw

COMMONWEALTH OF PENNSYLVANIA
COUNTY OF: **CLEARFIELD**

Mag. Dist. No.:

46-3-04

DJ Name: Hon.

JAMES L. HAWKINS
Address: **430 SPRING STREET**
P.O. BOX 362
HOOTZDALE, PA
Telephone: **(814) 378-7160** **16651-0362**

COPY

BARBARA WADDING
BETHELEM HILL RD., BOX 95
MAHAFFEY, PA 15757

**NOTICE OF JUDGMENT/TRANSCRIPT
CIVIL CASE**

PLAINTIFF:

WELCH, ROBERT B

NAME and ADDRESS

R.R.3 BOX 244
BROOKVILLE, PA 15825

DEFENDANT:

WADDING, BARBARA

NAME and ADDRESS

BETHELEM HILL RD., BOX 95
MAHAFFEY, PA 15757

VS.

Docket No.: **CV-0000040-00**
Date Filed: **1/25/00**



THIS IS TO NOTIFY YOU THAT:

Judgment:

DEFAULT JUDGMENT PLTF

00-367-CO

Judgment was entered for: (Name) **WELCH, ROBERT B**

Judgment was entered against: (Name) **WADDING, BARBARA**

in the amount of \$ **731.85** on: (Date of Judgment) **2/24/00**

Defendants are jointly and severally liable. (Date & Time) _____

Damages will be assessed on: _____

This case dismissed without prejudice. _____

Amount of Judgment Subject to Attachment/Act 5 of 1996 \$ _____

Levy is stayed for _____ days or generally stayed. _____

Objection to levy has been filed and hearing will be held: _____

Amount of Judgment	\$ 675.85
Judgment Costs	\$ 56.00
Interest on Judgment	\$.00
Attorney Fees	\$.00
Total	\$ 731.85
Post Judgment Credits	\$ _____
Post Judgment Costs	\$ _____
=====	
Certified Judgment Total \$ _____	

Date:	Place:
Time:	

ANY PARTY HAS THE RIGHT TO APPEAL WITHIN 30 DAYS AFTER THE ENTRY OF JUDGMENT BY FILING A NOTICE OF APPEAL WITH THE PROTHONOTARY/CLERK OF THE COURT OF COMMON PLEAS, CIVIL DIVISION. YOU MUST INCLUDE A COPY OF THIS NOTICE OF JUDGMENT/TRANSCRIPT FORM WITH YOUR NOTICE OF APPEAL.

2-24-00 Date Jan 1 , District Justice

I certify that this is a true and correct copy of the record of the proceedings containing the judgment.

Date _____, District Justice

COMMONWEALTH OF PENNSYLVANIA
COUNTY OF: **CLEARFIELD**

Mag. Dist. No.:

46-3-04

DJ Name: Hon.

JAMES L. HAWKINS

Address: **430 SPRING STREET
P.O. BOX 362
HOUTZDALE, PA**

Telephone: **(814) 378-7160** **16651-0362**

**JAMES L. HAWKINS
430 SPRING STREET
P.O. BOX 362
HOUTZDALE, PA 16651-0362**

2
**NOTICE OF JUDGMENT/TRANSCRIPT
CIVIL CASE**

PLAINTIFF: NAME and ADDRESS

**WELCH, ROBERT B
R.R.3 BOX 244
BROOKVILLE, PA 15825**

VS.

DEFENDANT: NAME and ADDRESS

**WADDING, BARBARA
BETHLEHEM HILL RD., BOX 95
MAHAFFEY, PA 15757**

Docket No.: **CV-0000040-00**
Date Filed: **1/25/00**



THIS IS TO NOTIFY YOU THAT:

Judgment:

DEFAULT JUDGMENT PLTF

DO 367 CO

Judgment was entered for: (Name) **WELCH, ROBERT B**

Judgment was entered against: (Name) **WADDING, BARBARA**

in the amount of \$ **731.85** on: (Date of Judgment) **2/24/00**

Defendants are jointly and severally liable. (Date & Time) _____

Damages will be assessed on _____

This case dismissed without prejudice.

Amount of Judgment Subject to Attachment/Act 5 of 1996 \$ _____

Levy is stayed for _____ days or generally stayed.

Objection to levy has been filed and hearing will be held:

Amount of Judgment	\$ 675.85
Judgment Costs	\$ 56.00
Interest on Judgment	\$.00
Attorney Fees	\$.00
Total	\$ 731.85
Post Judgment Credits	\$ _____
Post Judgment Costs	\$ _____
=====	
Certified Judgment Total \$ _____	

Date:	Place:
Time:	

FILED

MAR 31 2000
MICHAEL J. SHEA

ANY PARTY HAS THE RIGHT TO APPEAL WITHIN 30 DAYS AFTER THE ENTRY OF JUDGMENT BY FILING A NOTICE OF APPEAL WITH THE PROTHONOTARY/CLERK OF THE COURT OF COMMON PLEAS, CIVIL DIVISION. YOU MUST INCLUDE A COPY OF THIS NOTICE OF JUDGMENT/TRANSCRIPT FORM WITH YOUR NOTICE OF APPEAL.

2-24-00 Date June, 2000, District Justice

I certify that this is a true and correct copy of the record of the proceedings containing the judgment.

3-30-00 Date June, 2000, District Justice

My commission expires first Monday of January,

2006

SEAL

**IN THE COURT OF COMMON PLEAS CLEARFIELD COUNTY
PENNSYLVANIA**

3

ROBERT B. WELCH : Plaintiff/Appellant : District Justice Appeal
vs : CASE NO. 00367-C.D.

BARBARA RICHTER WADDING : Defendant/Appellee : Type of Pleading:
: : **COMPLAINT**
: : Filed on Behalf of
: : **ROBERT B. WELCH**

: Plaintiff's address:
: RR#3 Box 244
: Brookville, PA 15825
: (814) 938-9712

FILED

APR 10 2000

William A. Shaw
Prothonotary

COMPLAINT
IN THE COURT OF COMMON PLEAS CLEARFIELD COUNTY,
PENNSYLVANIA

ROBERT B. WELCH :

Plaintiff/Appellant : District Justice Appeal
vs : CASE NO. 00367 C.D.

BARBARA RICHTER WADDING :

Defendant/Appellee : Type of Pleading:

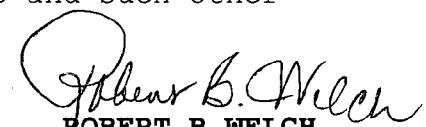
COMPLAINT

COMPLAINT

NOW, comes the **Plaintiff, Robert B. Welch** who hereby avers as follows:

1. **Robert B. Welch** is a adult individual whose address is RR#3 Box 244 Brookville, PA 15825.
2. Defendant is **Barbara Wadding**, an adult individual, whose address is R.D. 1 Box 61-A Mahaffey, PA 15757.
3. Beginning June 18, 1999 Robert started to work for Barbara Wadding as Caregiver for her parents, Dale and Dorothy Richter at their residence in Mahaffey, Pa.
4. Barbara owes Robert \$100.00 (One Hundred Dollars) from one year ago for care-giver.
5. Barbara owes Robert \$57.10 (Fifty-seven dollars & 10/100) and \$35.00 (Thirty-five dollars) for one end. She also owes \$400.00 (Four-Hundred Dollars) for two weeks ending December 26, 1999 thru January 1, 2000 and January 2, 2000 through January 9, 2000.
6. She owes \$28.00 (Twenty-eight Dollars) for Laundry at Best Western. Also \$55.75 (Fifty-five dollars & 75/100) Co-Payment for medicine I purchased for her parents during the time that I was care-giver for her parents.
7. She also owes me \$56.00 (Fifty-Six Dollars) for costs in Small Claims Court.
8. This totals to \$731.85 (Seven Hundred-Thirty One Dollars and 85/100)

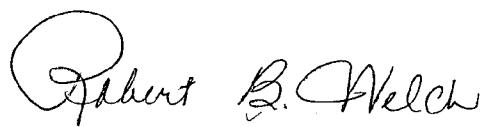
WHEREFORE, Plaintiff demands judgment against Defendant in the amount of \$731.85 plus interest, court costs and such other reasonable costs as the court may allow.


ROBERT B. WELCH
Plaintiff

COMPLAINT - VERIFICATION

V E R I F I C A T I O N

I verify that the statements made in this Complaint are true and correct. I understand that false statements herein are made subject to the penalties of 18 Pa. C.S. Section 4904 relating to Unsworn Falsification to Authorities.



Robert B. Welch
ROBERT B. WELCH

FILED

APR 10 2000

0/3:55/00

William A. Shaw

Prothonotary

1 CENT TO ~~ATTY~~
PLFF

EAS

(5)
Certified a true and
correct copy.
George Kulakowski
Attorney for

KULAKOWSKI LAW OFFICE
220 W. MAHONING STREET
PUNXSUTAWNEY, PENNSYLVANIA 15767

**PRELIMINARY OBJECTIONS
IN THE COURT OF COMMON PLEAS, CLEARFIELD COUNTY,
PENNSYLVANIA**

ROBERT B. WELCH,
Plaintiff

vs.

BARBARA RICHTER WADDING,
Defendant

:
: CASE NO. 00367 C.D.
:
:
: TYPE OF PLEADING:
: PRELIMINARY OBJECTIONS
:

PRELIMINARY OBJECTIONS

AND NOW, comes the Defendant, **Barbara Richter Wadding**, by and through her undersigned attorney, **George D. Kulakowski**, and files the following preliminary objections:

MOTION TO STRIKE

1. The Plaintiff has filed a Complaint alleging monies due based upon an alleged contract of employment.
2. In Paragraphs four, five and six of his Complaint, the Plaintiff alleges specific amounts of monies due based upon the alleged employment contract.
3. The Plaintiff has failed to attach the necessary written contract of employment to substantiate his claim for the amounts claimed to be due in Paragraphs four, five and six.

WHEREFORE, the Defendant respectfully requests that this Honourable Court issue an order striking these paragraphs of the Plaintiff's Complaint.

MOTION FOR MORE SPECIFIC PLEADING

4. Paragraphs one through three are hereby incorporated by reference as though set forth in full.
5. The Plaintiff has failed to attach the written contract upon which the alleged employment relationship was based.

FILED

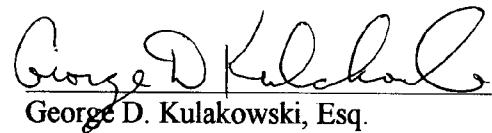
MAY 12 2000

William A. Shaw
Prothonotary

6. As a consequence, the Defendant is unaware of the terms and conditions of the employment contract and is unable to prepare a proper defense.

WHEREFORE, the Defendant requests that this Honourable Court issue an Order for a more specific pleading.

Respectfully submitted,



George D. Kulakowski
George D. Kulakowski, Esq.

FILED

MAY 12 2000

MILLER, McCarthy

William A. Shaw

Prothonotary

Kulakowski

ccos

(6)

REPLY TO THE NEW MATTER

ROBERT B. WELCH :
Plaintiff/Appellant :
 :
 :
 :
 :
BARBARA WADDING :
Defendant/Appellant :

DISTRICT JUSTICE APPEAL
Case No. 00367 C.D.

NEW MATTER

1. Paragraph No. 1 of the New Matter is denied.
 - (a) Plaintiff has written material stating date of employment and monies.
 - (b) Plaintiff has witnesses and written material to show date of employment and amount owed him.
 - (c) Plaintiff has witnesses and written material to substantiate his claim for the amounts due him. As far as Contract -- this was a verbal contract. The Clearfield County Job Center was the institution that provided me with information about this employment with Mrs. Wadding.

WHEREFORE, the Plaintiff respectfully requests that this Honourable Court issues an order striking these paragraphs of the Defendant's Complaint.

2. Paragraphs Nos. 4, 5, and 6 are explained above.

Respectfully submitted,


ROBERT B. WELCH,
Plaintiff/Appellant

FILED

MAY 31 2000

William A. Shaw
Prothonotary

SP 7-0050 A (12-94) PENNSYLVANIA STATE POLICE INCIDENT REPORT - PART II			REPORT TYPE <input checked="" type="checkbox"/> INITIAL <input checked="" type="checkbox"/> CONTINUATION <input type="checkbox"/> SUPPLEMENTAL	DATE(S)/DAY(S) OF INCIDENT 01-09-00/Sunday	INCIDENT NO. C01-0624817				
				TIME(S) OF INCIDENT 2200 hours	JUVENILE <input type="checkbox"/> DOMESTIC VIOLENCE <input type="checkbox"/>				
ATTACHMENTS:			<input type="checkbox"/> MISSING PERSON CHECKLIST	DISP: <input type="checkbox"/> CLEARED BY ARREST <input type="checkbox"/> UNFOUNDED <input type="checkbox"/> EXCEPTIONALLY CLEARED <input type="checkbox"/> DEATH OF ACTOR <input type="checkbox"/> VICTIM REFUSED TO COOPERATE <input type="checkbox"/> PROSECUTION DECLINED <input type="checkbox"/> JUVENILE IN CUSTODY <input type="checkbox"/> EXTRADITION DENIED <input type="checkbox"/> NOT APPLICABLE <input type="checkbox"/> MULTIPLE CLEAR-UP					
61. ORI/STATION PAPSP7000/PUNXSUTAWNEY		62. DATE OF REPORT 1/20/00	63. OFFENSE SIMPLE ASSAULT						
64. <input checked="" type="checkbox"/> ACCUSED <input type="checkbox"/> SUSPECT	65. OFFENDER NO. Robert Buel WELCH	66. ADDRESS PO Box 65 Mahaffey, PA 15757	67. HOME PHONE 814-277-6665	68. HEIGHT 600	70. WEIGHT 270	71. HAIR GRA	72. EYES BLU	73. MARITAL STATUS S	
74. RACE/ETHY. W/N	75. SEX M	76. DOB 6/15/43	77. AGE 56	78. RES. STAT. R	79. OFF. CODE 045	80. TYPE ARREST O	81. DATE OF ARREST 1/9/00	82. ARMED WITH 91	83. OT/NON- TRAFFIC CIT. NO. F349719-6
84. FINGERPRINTED <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	85. PHOTOGRAPHED <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	86. DISP. UNDER 18	87. VIC. NO. REL 01	88. SSN 8241-34-5401	89. OLN W-420-745-080-447	STATE MD			
90. BIRTHPLACE			91. EMPLOYER/SCHOOL Unemployed				92. MISC. NO.		
64. <input type="checkbox"/> ACCUSED <input type="checkbox"/> SUSPECT	65. OFFENDER NO. 2	66. ADDRESS	67. HOME PHONE	68. HEIGHT	70. WEIGHT	71. HAIR	72. EYES	73. MARITAL STATUS	
74. RACE/ETHY.	75. SEX	76. DOB	77. AGE	78. RES. STAT.	79. OFF. CODE	80. TYPE ARREST	81. DATE OF ARREST	82. ARMED WITH	83. OT/NON- TRAFFIC CIT. NO.
84. FINGERPRINTED <input type="checkbox"/> YES <input type="checkbox"/> NO	85. PHOTOGRAPHED <input type="checkbox"/> YES <input type="checkbox"/> NO	86. DISP. UNDER 18	87. VIC. NO. REL	88. SSN	89. OLN	STATE			
90. BIRTHPLACE			91. EMPLOYER/SCHOOL				92. MISC. NO.		
93. NARRATIVE									
<p>BACKGROUND: the accused was hired by Barbara WADDING of PO Box 95 Mahaffey, PA 15757 #814-277-4540, approx. six months ago. WELCH was hired as a caregiver for WADDING's two elderly parents, Dale and Dorothy RICHTHER. As time went on, WADDING became suspicious that WELCH was abusing her parents. WADDING and her friends began spying on WELCH through the windows of the house.</p> <p>On 01-09-00, at approx. 2130 hrs, WADDING's live-in boyfriend, Jason MORGAN, went to the RICHTHER residence and stood outside the window of Dale RICHTHER's bedroom. MORGAN stated that he heard WELCH yelling at Dale and saw and heard WELCH slap Dale RICHTHER. MORGAN returned to his residence which is just behind the RICHTHER residence. There he told WADDING what he had seen and heard. WADDING called two other friends and asked them to bring their camcorder. The friends, Dan GISEWHITE and Karen BOND arrived a short time later with their camcorder. The four then went to the RICHTHER residence and stood outside Dale's bedroom window. Again, the group saw and heard WELCH yelling at and slapping Dale RICHTHER. The group took turns running the camcorder, as the others looked into the window. After a few minutes, WADDING entered the residence and confronted WELCH and called 911.</p> <p>At approx 2220 hrs. PSP Punxsutawney received a call from Clearfield County 911, with very little information. I was on station at the time and called the RICHTHER residence. WELCH answered the telephone. I requested to speak to WADDING and WELCH stated that she was outside and would not come into the house. It took several minutes, but I was able to speak with WADDING who gave me directions to the residence. I also asked WADDING if her father needed a ambulance. WADDING stated that it would be a good idea. I contacted Clearfield County 911 and had them dispatch an ambulance to the residence. I then responded to the scene, arriving at approx. 2244 hrs.</p>									
94. OFFICER'S NAME/SIGNATURE/BADGE NO. Tpr. Richard A. MILLS/5697			95. INVEST. RECM. <input checked="" type="checkbox"/> CONT. <input type="checkbox"/> TERM.	96. SUPERV. INIT./BADGE NO. 22573	97. CONCUR <input type="checkbox"/> NONCONCUR	98. PAGE 02			

STATION

SP7-0051 (3-98)	REPORT TYPE <input checked="" type="checkbox"/> INCIDENT <input type="checkbox"/> OTHER	DATE(S)/DAY(S) OF INCIDENT 01-09-00 / Sunday	INCIDENT NO. C01-0624817
PENNSYLVANIA STATE POLICE CONTINUATION SHEET <input checked="" type="checkbox"/> SUPPLEMENTAL INVESTIGATION REPORT <input type="checkbox"/>		TIME(S) OF INCIDENT 2200 hours	JUVENILE <input type="checkbox"/> DOMESTIC VIOLENCE <input type="checkbox"/>
ATTACHMENTS: <input type="checkbox"/> MISSING PERSON CHECKLIST <input type="checkbox"/> FELONY CRIMES AGAINST THE PERSON <input type="checkbox"/> VICTIM/WITNESS ASSISTANCE GUIDE RECEIPT <input type="checkbox"/> PROPERTY RECORD <input type="checkbox"/> OTHER		DISP.: <input type="checkbox"/> CLEARED BY ARREST <input type="checkbox"/> UNFOUNDED <input type="checkbox"/> EXCEPTIONALLY CLEARED- A <input type="checkbox"/> DEATH OF ACTOR <input type="checkbox"/> VICTIM REFUSED TO COOPERATE B <input type="checkbox"/> PROSECUTION DECLINED <input type="checkbox"/> JUVENILE/NO CUSTODY C <input type="checkbox"/> EXTRADITION DENIED <input type="checkbox"/> NOT APPLICABLE <input type="checkbox"/> MULTIPLE CLEAR-L	
1. ORIGINATION PAPSP7000/PUNXSUTAWNEY		2. DATE OF REPORT 1/17/00	
3. OFFENSE SIMPLE ASSAULT		4. VICTIM RICKTHER	
5. NARRATIVE			

I first checked on Dale RICKTHER who was laying in bed. RICKTHER suffers from Alzheimer's disease and is unable to speak or communicate. RICKTHER did not show signs of recent injury, but his arms were covered with bruises. RICKTHER seemed to be having a hard time breathing.

Mahaffey Ambulance personnel arrived at the scene and attended to RICKTHER. RICKTHER was treated at the scene and was then transported to the Punxsutawney Hospital.

I was being assisted at the scene by Cpl. William TANGREN. I had Cpl. TANGREN secure the accused while I conducted interviews.

I first spoke with RICKTHER's daughter, Barbara Lucille WADDING of PO Box 95 Mahaffey, PA 15757 #814-277-4540. WADDING stated that she had hired WELCH approx. six months ago from the Clearfield County Job Center, as a in-home Caregiver. WADDING became suspicious that WELCH was mistreating her parents after seeing the bruises on her father's arms. WADDING reported her feelings to the Clearfield County Department of ageing. WADDING and several friends also began spying on WELCH through the windows of the RICKTHER home. WADDING stated that on the night of this incident, WELCH telephoned her house and spoke with her boyfriend, Jason. WELCH sounded upset about something. WADDING said that Jason became suspicious and went to the RICKTHER house to see what was going on. WADDING stated that Jason returned a short time later and reported that WELCH had slapped Dale. WADDING telephoned her friends and told them to bring their camcorder over to her house. WADDING went on to say that Karen and Dan arrived and the four of them went down to the RICKTHER house and stood outside Dale's bedroom window. WADDING stated that she heard WELCH slap her father once. WADDING said that she got so upset, that she had to walk away from the window. WADDING did not see or hear anything else.

Karen Agnes BOND W/N/F DOB: 04-18-44 of RD 1 Box 276 Mahaffey, PA 15757 #814-277-5561 was interviewed and stated; Barb called us and told us to bring our camcorder over to her house, saying that Bob was hitting Dale. Me and Dan went to Barb's then we all went down to Dale's house. We were standing outside Dale's window and I heard Bob slap Dale two times. I also saw Bob grab Dale's leg and I think he slapped Dale on the leg.

Daniel Robert GISEWHITE W/N/M DOB: 11-10-63 of RD 1 Box 276 Mahaffey, PA 15757 #814-277-5561. GISEWHITE gave the same account of the incident, saying that he saw WELCH pull Dale's leg "real hard" and saw WELCH raise his arm over his head then heard the sound of a slap. Dan stated that he did not see the impact, but heard the slap. GISEWHITE is the owner of the camcorder used to record this incident. Together we reviewed the incident on tape. They had filmed the incident from outside. There was a curtain on Dale's window, with a small opening where the two curtains met. You could only see the shadow of a person walking around inside the bedroom. You could hear someone talking on the tape, but it was hard to understand what was said. At one point on the tape, there is the sound like that of someone slapping another person.

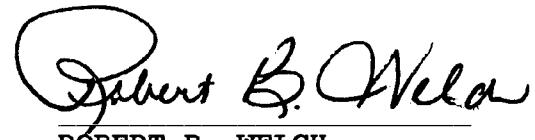
6. OFFICER'S NAME/SIGNATURE/BADGE NO. Tpr. Richard A. MILLS/5697	7. INVEST. RECM. <input checked="" type="checkbox"/> CONT. <input type="checkbox"/> TERM.	8. SUPV. INIT./BADGE NO. <i>2-373</i>	9. <input checked="" type="checkbox"/> CONCUR <input type="checkbox"/> NONCONCUR	10. PAGE 03
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STATION

COMPLAINT - VERIFICATION

VERIFICATION

I verify that the statements made in this Complaint are true and correct. I understand that false statements herein are made subject to the penalties of 18 Pa. C.S.. Section 4904 relating to Unsworn Falsification to Authorities.



Robert B. Welch

ROBERT B. WELCH

FILED

MAY 31 2000

0 / 12:35 (w)

William A. Shaw

Prothonotary

LC 600 To

PLFF.

E
KBS

IN THE COURT OF COMMON PLEAS OF CLEARFIELD COUNTY, PENNSYLVANIA

CIVIL ACTION

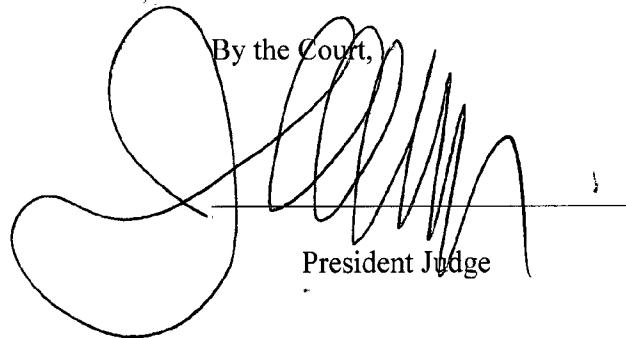
ROBERT B. WELCH : :

-vs- : No. 00-367-CD

BARBARA RICHTER WADDING : :

ORDER

NOW, this 31st day of July, 2000, following argument into Preliminary Objections filed on behalf of Defendant above-named, it is the ORDER of this Court that said Objections be and are hereby granted to the extent that Plaintiff shall file an Amended Complaint within 20 days from date hereof specifically alleging the oral agreement between the parties, the terms thereof and how he arrived at the amounts that he claims.

By the Court,

President Judge

FILED

AUG 01 2000

William A. Shaw
Prothonotary

FILED

AUG 01 2000
013:411111
William A. Shaw
Prothonotary

cc- atty Kuklowski
cc- P.Y. 2/26

ROBERT B. WELCH

Plaintiff/Appellant

Vs

District Justice Appeal
CASE NO. 00367 C.D.

BARBARA RICHTER WADDING:

Defendant/Appellee

Type of Pleading:
COMPLAINT

AMENDMENT TO COMPLAINT

NOW, comes the Plaintiff, **Robert B. Welch** who hereby avers the following:

1. Barbara Richter Wadding stated she would pay One Hundred Dollars and No Cents (\$100.00) for three (3) days or Two Hundred Dollars and No Cents (\$200.00) for six (6) days of work. Barbara Wadding stated she would pay me cash so that she would not have to pay taxes and have to pay Social Security or Unemployment Tax. She knew that I picked up her parents' prescriptions and that there was One Dollar and No Cents (\$1.00) co-payment that I, Robert Welch, paid out of pocket. Barbara Wadding was to reimburse me for the co-payment and was given all receipts for the prescriptions.
2. Barbara Wadding owes Robert Welch Three Hundred Dollars and No Cents (\$300.00) for working one (1) week and five (5) days one and a half (1 1/2) years ago. Barbara paid Two Hundred Dollars and No Cents (\$200.00) and owes me One Hundred Dollars and No Cents (\$100.00) as we both agreed.
3. Barbara Wadding owes Robert Welch for working 2 days, June 18th and 19th of 1999. Two thirds (2/3) of One Hundred Dollars and No Cents (\$100.00) equals Sixty-six Dollars and Sixty-eight Cents (\$66.68) INSTEAD OF FIFTY-SEVEN DOLLARS AND TEN CENTS (\$57.10) AS STATED.
4. Barbara Wadding contracted to pay Robert Welch Thirty-five Dollars and No Cents (\$35.00) when her father was in the hospital to take care of her mother when Clear Care did not come to the home that weekend.
5. Barbara Wadding owes the following:

\$200.00 for October 24-30, 1999

\$200.00 for December 26 – January 1, 2000

\$200.00 for January 2-9, 2000

\$200.00 for working each Sunday from November 28, 1999 through January 9, 2000 when Barbara's parents were staying in a motel and Robert looked after them 24 hours/day 7 days/week.

6. Barbara Wadding owes Robert Welch Twenty-eight Dollars and No Cents (\$28.00) for the laundering of her parents clothes at the Best Western Motel.
7. Barbara Wadding owes court costs in the amount of Fifty-six Dollars and No Cents (\$56.00) for small claims court.

Robert B. Welch
THE PLAINTIFF
ROBERT B. WELCH

FILED

AUG 21 2000
1:8:30 AM
William A. Shaw
Prothonotary

EKB

JQ

KULAKOWSKI LAW OFFICE
220 W. MAHONING STREET
PUNXSUTAWNEY, PENNSYLVANIA 15767

IN THE COURT OF COMMON PLEAS OF CLEARFIELD COUNTY,
PENNSYLVANIA
CIVIL ACTION

ROBERT B. WELCH, :
Plaintiff :
vs. : No. 00-367 C.D.
BARBARA RICHTER WADDING, :
Defendant :
:

MOTION FOR DEFAULT JUDGMENT

AND NOW, comes the Defendant, **BARBARA RICHTER WADDING**, by and through her undersigned attorney **GEORGE D. KULAKOWSKI, ESQ.**, and files the following Motion for Default Judgment.

1. The Plaintiff, **ROBERT B. WELCH**, filed a Complaint in the above captioned matter to which the Defendant, **BARBARA RICHTER WADDING**, filed Preliminary Objections.
2. On July 31, 2000, following argument, the Preliminary Objections were granted and the Court ordered the Plaintiff to file an amended Complaint within twenty (20) days of the date of the Order.
3. The Plaintiff has failed to comply with the Order of Court and accordingly his Complaint should be dismissed with prejudice.

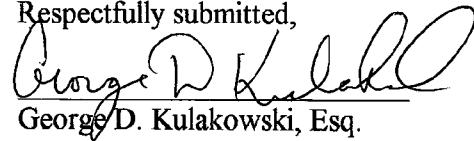
FILED

SEP 28 2000

William A. Shaw
Prothonotary

WHEREFORE, the Defendant, **BARBARA RICHTER WADDING**,
respectfully requests that this Honorable Court grant her motion for default judgment.

Respectfully submitted,



George D. Kulakowski

George D. Kulakowski, Esq.

FILED

SEP 28 2000
MO 40116cc
William A. Shaw
Prothonotary

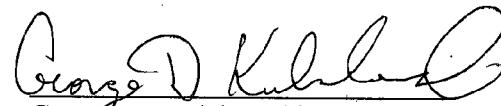
ECS

IN THE COURT OF COMMON PLEAS OF CLEARFIELD COUNTY,
PENNSYLVANIA
CIVIL ACTION

ROBERT B. WELCH,	:	
Plaintiff	:	
	:	
vs.	:	No. 00-367 C.D.
	:	
BARBARA RICHTER WADDING,	:	
Defendant	:	

AFFIDAVIT OF SERVICE

I the undersigned, George D. Kulakowski, do hereby attest that a copy of the Defendant's Motion for Default Judgment was served upon the Plaintiff, Robert B. Welch, via regular mail, at R.D. 3, Box 244, Brookville, PA 15825.


George D. Kulakowski, Esq.

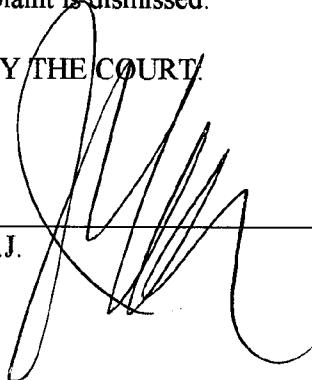
IN THE COURT OF COMMON PLEAS OF CLEARFIELD COUNTY,
PENNSYLVANIA
CIVIL ACTION

ROBERT B. WELCH, :
Plaintiff :
vs. :
No. 00-367 C.D.
BARBARA RICHTER WADDING, :
Plaintiff :
:

ORDER

AND NOW, this 29th day of September, 2000, upon consideration of
Defendant's Motion for Default Judgment, it is hereby ORDERED AND DECREED that
said Motion is granted and the Plaintiff's Complaint is dismissed.

BY THE COURT
P.J.



FILED

NOV 02 2000

William A. Shaw
Prothonotary

FILED

OCT 02 2000

William A. Shaw
Prothonotary, III



IN THE COURT OF COMMON PLEAS OF CLEARFIELD COUNTY,
PENNSYLVANIA
CIVIL ACTION

ROBERT B. WELCH :
Plaintiff :
: :
vs. : No. 00-367 C.D.
BARBARA RICHTER WADDING :
Defendant :

MOTION FOR APPEAL

AND NOW, comes the Plaintiff, ROBERT B. WELCH, is appealing the Defendant's accusation of not compiling to objections.

1. The Plaintiff, ROBERT B. WELCH, did send the Defendant's Attorney, GEORGE D. KULAKOWSKI, ESQ. the requested information and a copy to the Prothonotary of the Courts.
2. On July 31, 2000, following argument the Plaintiff, ROBERT B. WELCH, sent by first class mail to Mr. Kulakowski's office the information that he requested.
3. The Plaintiff has applied to the Order of the Court according to the Complaint and should not be dismissing without prejudice.

WHEREFORE, the Plaintiff, ROBERT B. WELCH, respectfully request that this Honorable Court grant his motion for Appeal.

Respectfully submitted,

Robert B. Welch

Robert B. Welch

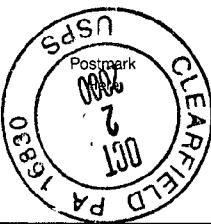
FILED

OCT 03 2000
m/ 2:45 PM
William A. Shaw
Prothonotary
No C/C

9/24

**U.S. Postal Service
CERTIFIED MAIL RECEIPT**
(Domestic Mail Only; No Insurance Coverage Provided)

Postage	\$ 33
Certified Fee	140
Return Receipt Fee (Endorsement Required)	125
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 298



Recipient's Name (Please Print Clearly) (to be completed by mailer)

KULAKOWSKI, LAW OFFICE

Street, Apt. No. or PO Box No.

2220 W. MAHONING ST.

City, State, ZIP+4

PUNXSUTAWNEY PA. 15767

PS Form 3800, February 2000

See Reverse for Instructions

Certified Mail Provides:

- A mailing receipt
- A unique identifier for your mailpiece
- A signature upon delivery
- A record of delivery kept by the Postal Service for two years

Important Reminders:

- Certified Mail may ONLY be combined with First-Class Mail or Priority Mail.
- Certified Mail is not available for any class of international mail.
- NO INSURANCE COVERAGE IS PROVIDED with Certified Mail. For valuables, please consider Insured or Registered Mail.
- For an additional fee, a *Return Receipt* may be requested to provide proof of delivery. To obtain Return Receipt service, please complete and attach a Return Receipt (PS Form 3811) to the article and add applicable postage to cover the fee. Endorse mailpiece "Return Receipt Requested". To receive a fee waiver for a duplicate return receipt, a USPS postmark on your Certified Mail receipt is required.
- For an additional fee, delivery may be restricted to the addressee or addressee's authorized agent. Advise the clerk or mark the mailpiece with the endorsement "Restricted Delivery".
- If a postmark on the Certified Mail receipt is desired, please present the article at the post office for postmarking. If a postmark on the Certified Mail receipt is not needed, detach and affix label with postage and mail.

IMPORTANT: Save this receipt and present it when making an inquiry.

IN THE COURT OF COMM PLEAS CLEARFIELD COUNTY,
PENNSYLVANIA

ROBERT B. WELCH

Plaintiff/Appellant

vs.

BARBARA RICHTER WADDING

Defendant/Appellee

DISTRICT JUSTICE APPEAL
CASE NO. 00367-CD

CERTIFICATE OF SERVICE

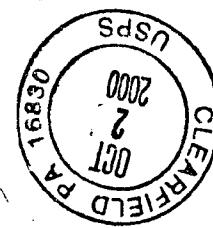
I, **ROBERT B. WELCH**, Plaintiff above named, do hereby certify that on October 2, 2000, I sent a certified copy of the Appeal on the Defendant above named, by U.S. Certified Mail to the Defendant's above named Attorney, George B. Kulakowski Law Office at 220 W. Mahoning Street, Punxsutawney, PA 15767.



Robert B. Welch

ROBERT B. WELCH

Rbw:kp



00-367-CO

QTR3 Brd 44
Brookville Pa

Mr. William Shaw
Court Admins Office
1 North Street
Clearfield Pa

Mr Shaw:

Enclosed is my receipts from
Barbara Wadding & George Kulakowski
Attorney of Law. Please file them
with the rest of the file. Case
No. 00367 C.D. - Welch vs Wadding.

Robert B. Welch

Thank you.

FILED

OCT 09 2000
018301m

William A. Shaw
Prothonotary

U.S. Postal Service
CERTIFIED MAIL RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)

0	69670
4	73347
5	00150
0	00434
7	99902

Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 298

Postmark
SEP 19 2000
USPS

Recipient's Name (Please Print Clearly) (to be completed by mailer)
Robert B. Neich
Street, Apt. No., or PO Box No.
R.R. 3, Box 244
City, State, ZIP+4
Brookville, Pa 15825

PS Form 3800, February 2000, 1250 copies
(See Reverse for Instructions)

Certified Mail Provides:

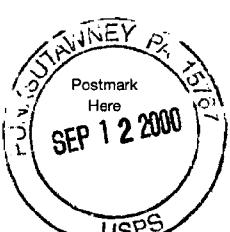
- A mailing receipt
- A unique identifier for your mailpiece
- A signature upon delivery
- A record of delivery kept by the Postal Service for two years

Important Reminders:

- Certified Mail may ONLY be combined with First-Class Mail or Priority Mail.
- Certified Mail is *not* available for any class of international mail.
- NO INSURANCE COVERAGE IS PROVIDED with Certified Mail. For valuables, please consider Insured or Registered Mail.
- For an additional fee, a *Return Receipt* may be requested to provide proof of delivery. To obtain Return Receipt service, please complete and attach a Return Receipt (PS Form 3811) to the article and add applicable postage to cover the fee. Endorse mailpiece "Return Receipt Requested". To receive a fee waiver for a duplicate return receipt, a USPS postmark on your Certified Mail receipt is required.
- For an additional fee, delivery may be restricted to the addressee or addressee's authorized agent. Advise the clerk or mark the mailpiece with the endorsement "Restricted Delivery".
- If a postmark on the Certified Mail receipt is desired, please present the article at the post office for postmarking. If a postmark on the Certified Mail receipt is not needed, detach and affix label with postage and mail.

IMPORTANT: Save this receipt and present it when making an inquiry.

U.S. Postal Service
CERTIFIED MAIL RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)

7 6587 4334 4000 0015 0000 3400 7099	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; padding: 2px;">Postage</td> <td style="width: 50%; padding: 2px; text-align: right;">\$ 0.33</td> </tr> <tr> <td colspan="2" style="padding: 2px;">Certified Fee</td> </tr> <tr> <td colspan="2" style="padding: 2px;">1.40</td> </tr> <tr> <td colspan="2" style="padding: 2px;">Return Receipt Fee (Endorsement Required)</td> </tr> <tr> <td colspan="2" style="padding: 2px;">1.25</td> </tr> <tr> <td colspan="2" style="padding: 2px;">Restricted Delivery Fee (Endorsement Required)</td> </tr> <tr> <td colspan="2" style="padding: 2px;">\$ 2.98</td> </tr> <tr> <td colspan="2" style="padding: 2px;">Total Postage & Fees</td> </tr> </table> <div style="text-align: center; margin-top: 10px;">  <p>Postmark Here SEP 12 2000 USPS</p> </div> <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 10px;"> <tr> <td colspan="2" style="padding: 2px;">Recipient's Name (Please Print Clearly) (to be completed by mailer)</td> </tr> <tr> <td colspan="2" style="padding: 2px;">Barbara Ricker Wadding</td> </tr> <tr> <td colspan="2" style="padding: 2px;">Street, Apt. No., or P.O. Box No.</td> </tr> <tr> <td colspan="2" style="padding: 2px;">Rt 2 Box 66A</td> </tr> <tr> <td colspan="2" style="padding: 2px;">City, State, Zip No.</td> </tr> <tr> <td colspan="2" style="padding: 2px;">Quakertown, PA 18951</td> </tr> </table>	Postage	\$ 0.33	Certified Fee		1.40		Return Receipt Fee (Endorsement Required)		1.25		Restricted Delivery Fee (Endorsement Required)		\$ 2.98		Total Postage & Fees		Recipient's Name (Please Print Clearly) (to be completed by mailer)		Barbara Ricker Wadding		Street, Apt. No., or P.O. Box No.		Rt 2 Box 66A		City, State, Zip No.		Quakertown, PA 18951	
Postage	\$ 0.33																												
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Rt 2 Box 66A																													
City, State, Zip No.																													
Quakertown, PA 18951																													

PS Form 3800 (February 2000) 4585-0754-2572-3 See Reverse for Instructions

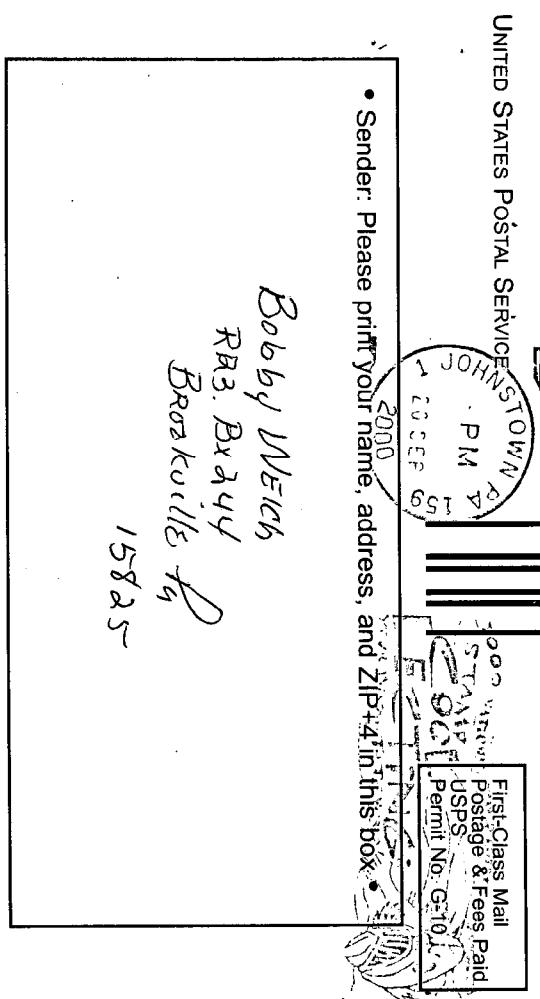
Certified Mail Provides:

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**RULE 237.5 FORM OF NOTICE
OF PRAECIPE TO ENTER
JUDGMENT BY DEFAULT**

The notice required by Rule 237.1(a)(2) shall be substantially in the following form:

(CAPTION)

To: B. Spruha Richter Wachter
(Defendant)

Date of Notice: 11 September 2002

IMPORTANT NOTICE

YOU ARE IN DEFAULT BECAUSE YOU HAVE FAILED TO ENTER A WRITTEN APPEARANCE PERSONALLY OR BY ATTORNEY AND FILE IN WRITING WITH THE COURT YOUR DEFENSES OR OBJECTIONS TO THE CLAIMS SET FORTH AGAINST YOU. UNLESS YOU ACT WITHIN TEN DAYS FROM THE DATE OF THIS NOTICE, A JUDGMENT MAY BE ENTERED AGAINST YOU WITHOUT A HEARING OR OTHER IMPORTANT RIGHTS. YOU SHOULD TAKE THIS NOTICE TO A LAWYER AT ONCE. IF YOU DO NOT HAVE A LAWYER OR CANNOT AFFORD ONE, GO TO OR TELEPHONE THE FOLLOWING OFFICE TO FIND OUT WHERE YOU CAN GET LEGAL HELP.

Court Admin. Office
(Name of Office)

1 North Second St

(Address of Office)

814-765-2641

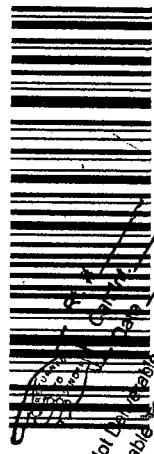
(Telephone Number)

Attn: B. Wachter
(Signature of Plaintiff
or Attorney)

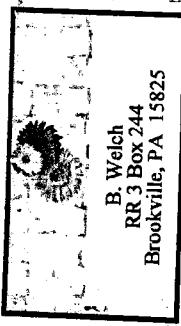
PRB BX 2441
(Address)

Brookville Pa
15825

CERTIFIED MAIL



No Delivery As Requested
 Insufficient Postage
 Moved To Forward Address
 Unclaimed / Left No Address
 Attempted / Refused
 No Street Name Known
 Vacant
 No Mail Received
 Box Occupied
 Return to Sender Address
 Postage Due



B. Welch
RR 3 Box 244
Brookville, PA 15825

U.S. POSTAGE
PAID
PUNXSUTAWNEY PA PA
15767
SEP 12 2000
AMOUNT

\$2.98
00062213-04

0015 4334 6587

0000

RECEIPT
RECORDED
REQUESTED

9/14/04

notified
9-15-04

Barbara Welch
P.O. Box 613
Brookville, PA 15825

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Barbara Wadding
Rd. 2 Bx 41-A
Makaffey D. 15757

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly)

2000

B. Date of Delivery

SEP 6

C. Signature

2000

D. Is delivery address different from item 1? Yes NoC. Signature X Agent Addressee

3. Service Type.

 Certified Mail Express Mail Registered Return Receipt for Merchandise Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee)

 Yes2. Article Number (Copy from service label)
7099 3400 0015 4334 6587

D.C. Form 2911-1000



ROBERT B. WELCH

Plaintiff/Appellant

Vs

District Justice Appeal

CASE NO. 00367 C.D.

BARBARA RICHTER WADDING

Defendant/Appellee

Type of Pleading:

COMPLAINT

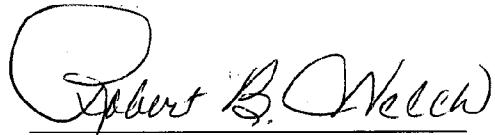
MOTION FOR APPEAL

AND NOW, comes the Plaintiff, ROBERT B. WELCH, IS APPEALING
THE Defendant's MOTION FOR DEFAULT JUDGEMENT.

1. I was ordered to file an Amended Complaint within 20 days of July 31, 2000, which I did (copy enclosed). This amended complaint was hand delivered to your office on or before August 19, 2000.
2. A copy of this Amended Complaint was forwarded to the Defendant's Attorney.

WHEREFORE, the Plaintiff, ROBERT B. WELCH, respectfully requests that this Honorable Court grants his motion for Appeal.

Respectfully submitted,



Robert B. Welch

Robert B. Welch

FILED

DEC 11 2000

12:30 PM
William A. Shaw
Prothonotary

No. C1C. *CRP*

ROBERT B. WELCH

Plaintiff/Appellant

Vs

District Justice Appeal
CASE NO. 00367 C.D.

BARBARA RICHTER WADDING

Defendant/Appellee

Type of Pleading:
COMPLAINT

AMENDMENT TO COMPLAINT

NOW, comes the **Plaintiff, Robert B. Welch** who hereby avers the following:

1. Barbara Richter Wadding stated she would pay One Hundred Dollars and No Cents (\$100.00) for three (3) days or Two Hundred Dollars and No Cents (\$200.00) for six (6) days of work. Barbara Wadding stated she would pay me cash so that she would not have to pay taxes and have to pay Social Security or Unemployment Tax. She knew that I picked up her parents' prescriptions and that there was One Dollar and No Cents (\$1.00) co-payment that I, Robert Welch, paid out of pocket. Barbara Wadding was to reimburse me for the co-payment and was given all receipts for the prescriptions.
2. Barbara Wadding owes Robert Welch Three Hundred Dollars and No Cents (\$300.00) for working one (1) week and five (5) days one and a half (1 ½) years ago. Barbara paid Two Hundred Dollars and No Cents (\$200.00) and owes me One Hundred Dollars and No Cents (\$100.00) as we both agreed.
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\$200.00 for December 26 – January 1, 2000
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\$200.00 for working each Sunday from November 28, 1999 through January 9, 2000 when Barbara's parents were staying in a motel and Robert looked after them 24 hours/day 7 days/week.
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7. Barbara Wadding owes court costs in the amount of Fifty-six Dollars and No Cents (\$56.00) for small claims court.

IN THE COURT OF COMMON PLEAS CLEARFIELD COUNTY,
PENNSYLVANIA

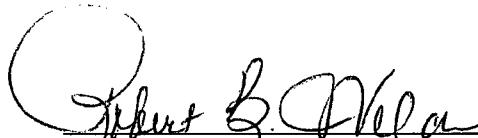
ROBERT B. WELCH
Plaintiff/Appellant

VS. : DISTRICT JUSTICE APPEAL
: CASE NO. 00367-CD

BARBARA RICHTER WADDING
Defendant/Appellee

CERTIFICATE OF SERVICE

I, **ROBERT B. WELCH**, Plaintiff above named, do hereby certify that on December 8, 2000, I sent a certified letter to his Honor, Judge Reilly at the Clearfield Court House, Clearfield, PA



ROBERT B. WELCH

IN THE COURT OF COMMON PLEAS OF CLEARFIELD COUNTY, PENNSYLVANIA

CIVIL ACTION

ROBERT B. WELCH

-vs-

: No. 00 - 367 - CD

BARBARA RICHTER WADDING

ORDER

NOW, this 19th day of December, 2000, it is the ORDER of this Court that Defendant above-named shall file a Responsive Pleading to Plaintiff's Amended Complaint filed August 21, 2000, within 20 days from date hereof.

By the Court,

President Judge

FILED

DEC 20 2000

William A. Shaw
Prothonotary

FILED

DEC 20 2000
09:54 AM
cc aty tukakowski
William A. Shaw
Prothonotary

cc pg. welch
EST

KULAKOWSKI LAW OFFICE
220 W. MAHONING STREET
PUNXSUTAWNEY, PENNSYLVANIA 15767

IN THE COURT OF COMMON PLEAS OF CLEARFIELD COUNTY,
PENNSYLVANIA
CIVIL ACTION

ROBERT B. WELCH,
Plaintiff

vs.

BARBARA RICHTER WADDING,
Defendant

C.D. NO 00-367-CD

CIVIL DIVISION

Type of Pleading:
Answer and Counterclaim

Filed on Behalf of: Defendant

Counsel of Record:

George D. Kulakowski, Esq.
220 West Mahoning St.
Punxsutawney, PA 15767
814-938-8306
PA I.D. No. 35439

JURY TRIAL DEMANDED

FILED

FEB 09 2001

William A. Shaw
Prothonotary

IN THE COURT OF COMMON PLEAS OF CLEARFIELD COUNTY,
PENNSYLVANIA
CIVIL DIVISION

ROBERT B. WELCH, :
Plaintiff :
vs. : NO. 00-367-CD
BARBARA RICHTER WADDING, :
Defendant :
:

ANSWER AND COUNTERCLAIM

AND NOW, comes the Defendant, **BARBARA RICHTER WADDING**, by her undersigned attorney, **GEORGE D. KULAKOWSKI, ESQ.**, and files the following Answer and Counterclaim.

ANSWER

1 – 7. As to all averments, the Defendant is without sufficient information regarding the allegations and they are therefore deemed to be denied. The Defendant further alleges that no contract between the parties exists.

WHEREFORE, the Defendant respectfully requests that the Plaintiff's Complaint be dismissed.

COUNTERCLAIM

8. Paragraphs 1 – 7 are hereby incorporated by reference as though set forth in full.

9. In early January of the year 2000, the Plaintiff did physically attack the Defendant's father causing him to be hospitalized.

10. The Defendant's father, Mr. Richter, eventually died in the hospital.

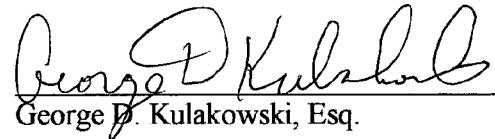
11. The Plaintiff was criminally charged and entered into a plea bargain regarding the assault and battery perpetrated upon the Defendant's father Mr. Richter.

12. As a result of these attacks the Defendant became responsible for various costs including medical expenses.

13. As a result of the Plaintiff's attack upon her father the Defendant has suffered damages in the form of pain and suffering.

THEREFORE, the Defendant demands judgment against the Plaintiff in an amount greater than fifty thousand dollars (\$50,000).

Respectfully submitted,



George D. Kulakowski

George D. Kulakowski, Esq.

AFFIDAVIT

I the undersigned, George D. Kulakowski, do hereby swear and affirm that the information contained in this Answer and Counterclaim have been provided to me by the Defendant. If the verification of the facts contained herein by the Plaintiff is requested it will be supplied.

2/8/01

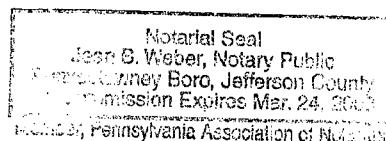
Date

George D. Kulakowski
George D. Kulakowski, Esq.

Sworn to and subscribed

Before me this 8th day of
February, 2001.

Jean B. Weber



ED

552 09 2001
ml 10/25/01 cc atty
William A. Shaw
Prothonotary
Kulakowski
SAC

IN THE COURT OF COMMON PLEAS OF CLEARFIELD COUNTY,
PENNSYLVANIA
CIVIL ACTION

GA

ROBERT B. WELCH
plaintiff

C.D. NO 00367-CD

VS.

CIVIL DIVISION

BARBARA RICHTER WADDING
defendant

FILED

APR 03 2001

William A. Shaw
Prothonotary

IN THE COURT OF COMMON PLEAS OF CLEARFIELD COUNTY,
PENNSYLVANIA
CIVIL DIVISION

ROBERT B. WELCH
Plaintiff

NO.00367-cd

VS.

BARBARA RICHTER WADDING

PRIMARY OBJECTIONS

And now, comes the Plaintiff, ROBERT B. WELCH, who files the Primary Objections to the defendant and her attorney.

Answer

Objects to the defendant and her attorney claims that he is responsible for her father medical bills, Medicare and welfare paid those for her.

Accusing Plaintiff of causing her fathers death, which is untrue because he was not around her father when he died. He was in a nursing home where she had put him and her mother.

The doctor on duty at the hospital where he was sent, said that the father was not physically attack, and was sent home.

The charge of Simple Assault was dropped by the courts.

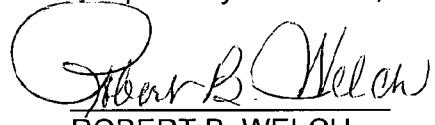
Defendant has no right to ever say that the Plaintiff ever physically attacked her father. He has proof from the Caseworker and the Home Health Nurses of the kind of care he gave both of her parents.

The plaintiff asked that the Honorable Judge awards the amount of monies that he is asking, plus that the Judge takes into concretion the pain that the defendant has caused the plaintiff over the past year. And the time and monies she has cost him.

As far as pain and suffering the defendant has had, that is because she feels guilt of the treatment she has given both of her parents.

There fore the plaintiff thanks the Honorable judge for his time and help.

Respectfully submitted,



ROBERT B. WELCH

IN THE COURT OF COMMON PLEAS CLEARFIELD COUNTY
PENNSYLVANIA

ROBERT B. WELCH
PLAINTIFF/APPELLANT

vs.

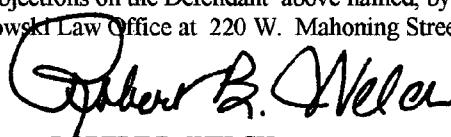
BARBARA RICHTER WADDING
DEFENDANT/APPELLEE

DISTRICT Justice Appeal

CASE NO. OO367-CD

CERTIFICATE OF SERVICE

I, ROBERT B. WELCH, Plaintiff above named, do hereby certify that on the SECOND(2) day of April, 2001, I served a certified copy of the Primary Objections on the Defendant above named, by hand delivering said certified copy to the Defendant Kulowski Law Office at 220 W. Mahoning Street, Punxsutawney Pa.



ROBERT B. WELCH

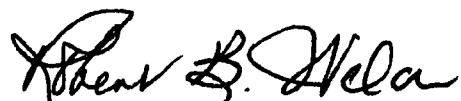


AFFIDANT

I the undersigned, ROBERT B. WELCH, do hereby swear and affirm that the information contained in this answer and counter claim is the truth. That the Plaintiff can and lawful can produce evidence that the Defendant does owe ROBERT B. WELCH the monies he is asking for. And that he has people prepared to go to court to prove he is right.

2 Apr. 2001

Date


ROBERT B. WELCH

FILED

APR 03 2001
11311 NOC
William A. Shaw
Prothonotary
C
FED

IN THE COURT OF COMMON PLEAS OF CLEARFIELD COUNTY,
PENNSYLVANIA
CIVIL DIVISION

ROBERT B. WELCH,
Plaintiff

vs.

BARBARA RICHTER WADDING,
Defendant

C.D. NO 00-367-CD

Type of Action:
Civil

Type of Pleading:
Petition to Withdraw
as Counsel

Filed on Behalf of:
Defendant

Counsel of Record:

George D. Kulakowski, Esquire
220 West Mahoning Street
Punxsutawney, PA 15767
(814) 938-8306
PA I.D. NO. 35439

FILED

MAR 14 2002

William A. Shaw
Prothonotary

IN THE COURT OF COMMON PLEAS OF CLEARFIELD COUNTY,
PENNSYLVANIA
CIVIL DIVISION

ROBERT B. WELCH,
Plaintiff

C.D. NO. 00-367-CD

vs.

BARBARA RICHTER WADDING,
Defendant

PETITION TO WITHDRAW AS COUNSEL

AND NOW, comes George D. Kulakowski, Esquire, who files the following Petition to Withdraw as Counsel:

1. Your Petitioner is the attorney of record for Barbara Richter Wadding.
2. Barbara Richter Wadding has consented to your Petitioner's Withdraw as Counsel.

WHEREFORE, Your Petitioner respectfully requests that he be permitted to withdraw as counsel on behalf of Barbara Richter Wadding.

By George D. Kulakowski
George D. Kulakowski, Esquire

IN THE COURT OF COMMON PLEAS OF CLEARFIELD COUNTY,
PENNSYLVANIA
CIVIL DIVISION

ROBERT B. WELCH,
Plaintiff

C.D. NO 00-367-CD

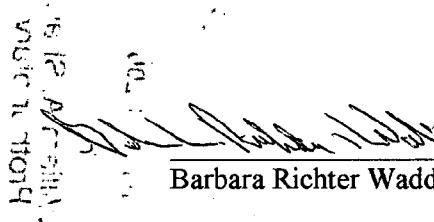
vs.

BARBARA RICHTER WADDING,
Defendant

CONSENT TO WITHDRAWAL

I, Barbara Richter Wadding, do hereby consent to George D. Kulakowski,
Esquire's withdrawal as my attorney of record.

Date:


Barbara Richter Wadding

FILED

MAR 14 2002

Office

William A. Shaw

Prothonotary

WAS

KULAKOWSKI LAW OFFICE
220 W. MAHONING STREET
PUNXSUTAWNEY, PENNSYLVANIA 15767

IN THE COURT OF COMMON PLEAS OF CLEARFIELD COUNTY,
PENNSYLVANIA
CIVIL DIVISION

ROBERT B. WELCH,
Plaintiff

C.D. NO 00-367-CD

vs.

BARBARA RICHTER WADDING,
Defendant

ORDER

AND NOW, this 19 day of March 2002, upon consideration of George D. Kulakowski, Esquire's Petition to Withdraw as Counsel and upon Defendant's Consent thereto, it is hereby ORDERED and DECREED that George D. Kulakowski, Esquire, is hereby permitted to withdraw as counsel on behalf of Barbara Richter Wadding in the above captioned matter.

BY THE COURT:

FILED

MAR 19 2002

William A. Shaw
Prothonotary

FILED

03/19/02
MAR 19 2002

cc
Amy Kulavouski

William A. Shaw
Prothonotary

IN THE COURT OF COMMON PLEAS OF CLEARFIELD COUNTY, PENNSYLVANIA

CIVIL ACTION

ROBERT B. WELCH : :

-vs- : No. 00-367-CD

BARBARA RICHTER WADDING : :

ORDER

NOW, this 2nd day of April, 2002, following status conference into the above-captioned matter, it is the ORDER of this Court that the same shall be heard by a board of arbitrators at the next available hearing date.

By the Court,

President Judge

FILED

APR 03 2002

019-1511cc ph. ProSe
William A. Shaw
Prothonotary
E. K. Kulakowski
Kot



OFFICE OF COURT ADMINISTRATOR
FORTY-SIXTH JUDICIAL DISTRICT OF PENNSYLVANIA

CLEARFIELD COUNTY COURTHOUSE
230 EAST MARKET STREET, SUITE 228
CLEARFIELD, PENNSYLVANIA 16830

DAVID S. MEHOLICK
COURT ADMINISTRATOR

PHONE: (814) 765-2641
FAX: 1-814-765-~~2649~~ 7649

MARCY KELLEY
DEPUTY COURT ADMINISTRATOR

May 1, 2002

Robert B. Welch
R.R. #3, Box 244
Brookville, PA 15825

Barbara Richter Wadding
R. D. #2, Box 61A
Mahaffey, PA 15757

RE: ROBERT B. WELCH
vs.
BARBARA RICHTER WADDING
No. 00-367-CD

Dear Mr. Welch & Ms. Wadding:

The above case is scheduled for Arbitration Hearing to be held Wednesday, July 24, 2002. The following have been appointed to the Board of Arbitrators:

Peter F. Smith, Esquire
John A. Ayres, Jr., Esquire
Warren B. Mikesell, II, Esquire
David J. Hopkins, Esquire
Jonathan W. Jewell, Esquire

If you wish to strike an Arbitrator, you must notify the undersigned within seven (7) days from the date of this letter the name you wish stricken from the list.

You will be notified at a later date the exact time of the Arbitration Hearing.

Very truly yours,
Marcy Kelley
Marcy Kelley
Deputy Court Administrator

FILED

MAY 16 2002

William A. Shaw
Prothonotary



OFFICE OF COURT ADMINISTRATOR
FORTY-SIXTH JUDICIAL DISTRICT OF PENNSYLVANIA

CLEARFIELD COUNTY COURTHOUSE
230 EAST MARKET STREET, SUITE 228
CLEARFIELD, PENNSYLVANIA 16830

DAVID S. MEHOLICK
COURT ADMINISTRATOR

PHONE: (814) 765-2641
FAX: 1-814-765-7649

MARCY KELLEY
DEPUTY COURT ADMINISTRATOR

May 10, 2002

Robert B. Welch
R.R. #3, Box 244
Brookville, PA 15825

Barbara Richter Wadding
R. D. #2, Box 61A
Mahaffey, PA 15757

RE: ROBERT B. WELCH
vs.
BARBARA RICHTER WADDING
No. 00-367-CD

Dear Mr. Welch & Ms. Wadding:

The above case is scheduled for Arbitration Hearing to be held **Wednesday, July 24, 2002 at 1:00 P.M.** The following have been appointed as Arbitrators:

Peter F. Smith, Esquire, Chairman
John A. Ayres, Jr., Esquire
Warren B. Mikesell, II, Esquire

Pursuant to Local Rule 1306A, you must submit your Pre-Trial Statement seven (7) days prior to the scheduled Arbitration. **The original should be forwarded to the Court Administrator's Office and copies to opposing counsel and each member of the Board of Arbitrators.** For your convenience, a Pre-Trial (Arbitration) Memorandum Instruction Form is enclosed as well as a copy of said Local rule of Court.

Very truly yours,
Marcy Kelley
Marcy Kelley
Deputy Court Administrator

cc: Peter F. Smith, Esquire
John A. Ayres, Jr., Esquire
Warren B. Mikesell, II, Esquire

FILED

05/25/02
MAY 16 2002

cc
SAC
William A. Shaw
Prothonotary

SENDER: COMPLETE

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Robert B. Welch
R.R. #3, Box 244
Brookville, PA 15825

RECEIVED BY (PRINT CLEARLY)		DELIVERY
A. Received by (Please Print Clearly)		B. Date of Delivery
C. Signature		May 13
X 		Agent <input type="checkbox"/> Addressee <input type="checkbox"/>
D. Is delivery address different from item 1? If YES, enter delivery address below:		<input type="checkbox"/> Yes <input type="checkbox"/> No

3. Service Type
<input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail
<input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise
<input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.
4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes

2. Article Number (Copy from service label)

7000 0600 0023 6397 9958

PS Form 3811, July 1999 Domestic Return Receipt

102595-00-M-0952

UNITED STATES POSTAL SERVICE



First-Class Mail
Postage & Fees Paid
USPS
Permit No. G-10

- Sender: Please print your name, address, and ZIP+4 in this box.

Court Administrator's Office
Clearfield County Courthouse
230 East Market Street
Suite 228
Clearfield, PA 16830

RECEIVED

SENDER: COMPLETE									
<p>■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</p> <p>■ Print your name and address on the reverse so that we can return the card to you.</p> <p>■ Attach this card to the back of the mailpiece, or on the front if space permits.</p>									
<p>1. Article Addressed to:</p> <p>Barbara Richter Wadding <u>R.D. #2, Box 612, Mahaffey, PA 15757</u> <u>P.O. Box 95</u></p>									
<table border="1"> <tr> <td>A. Received by (Please Print Clearly)</td> <td>B. Date of Delivery</td> </tr> <tr> <td colspan="2"> <input checked="" type="checkbox"/> Signature <input type="checkbox"/> Agent <input checked="" type="checkbox"/> X <input type="checkbox"/> Addressee </td> </tr> <tr> <td colspan="2"> C. Signature <input checked="" type="checkbox"/> X </td> </tr> <tr> <td colspan="2"> D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No </td> </tr> </table>		A. Received by (Please Print Clearly)	B. Date of Delivery	<input checked="" type="checkbox"/> Signature <input type="checkbox"/> Agent <input checked="" type="checkbox"/> X <input type="checkbox"/> Addressee		C. Signature <input checked="" type="checkbox"/> X		D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No	
A. Received by (Please Print Clearly)	B. Date of Delivery								
<input checked="" type="checkbox"/> Signature <input type="checkbox"/> Agent <input checked="" type="checkbox"/> X <input type="checkbox"/> Addressee									
C. Signature <input checked="" type="checkbox"/> X									
D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No									
<p>3. Service Type</p> <p><input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p>									
<p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>									
<p>2. Article Number (Copy from service label)</p> <p>7000 0600 0023 6397 9941</p>									
<p>PS Form 3811, July 1999 Domestic Return Receipt</p>									
<p>102595-00-M-0952</p>									

UNITED STATES POSTAL SERVICE



First-Class Mail
Postage & Fees Paid
USPS
Permit No. G-10

- Sender: Please print your name, address, and ZIP+4 in this box.

Court Administrator's Office
Clearfield County Courthouse
230 East Market Street
Suite 228
Clearfield, PA 16830

WWD

IN THE COURT OF COMMON PLEAS OF CLEARFIELD COUNTY
PENNSYLVANIA

Robert B. Welch
vs.
Barbara Richter Wadding

No. 2000-00367-CD

OATH OR AFFIRMATION OF ARBITRATORS

Now, this 24th day of July, 2002, we the undersigned, having been appointed arbitrators in the above case do hereby swear, or affirm, that we will hear the evidence and allegations of the parties and justly and equitably try all matters in variance submitted to us, determine the matters in controversy, make an award, and transmit the same to the Prothonotary within twenty (20) days of the date of hearing of the same.

Peter F. Smith, Esq.

P. F. Smith
Chairman

Warren B. Mikesell, II, Esq.
Brian K. Marshall, Esq.

Warren B. Mikesell, II
Brian K. Marshall

FILED

Sworn to and subscribed before me this
July 24, 2002

William A. Shaw JUL 24 2002

Prothonotary

AWARD OF ARBITRATORS

William A. Shaw
Prothonotary

Now, this 24 day of July, 2002, we the undersigned arbitrators appointed by this case, after being duly sworn, and having heard the evidence and allegations of the parties, do award and find as follows:

*Judgment for Plaintiff and against Defendant
in amount of \$ 928.68. Defendant reduced her
counterclaim to \$ 20,000. The counterclaim is denied.
Plaintiff is also awarded court costs.*

P. F. Smith Chairman
Warren B. Mikesell, II
Brian K. Marshall

(Continue if needed on reverse.)

ENTRY OF AWARD

Now, this 24th day of July, 2002, I hereby certify that the above award was entered of record this date in the proper dockets and notice by mail of the return and entry of said award duly given to the parties or their attorneys.

WITNESS MY HAND AND THE SEAL OF THE COURT

Prothonotary
William A. Shaw

FILED

No 02

013-5381
JUL 24 2002

Notice to Welch, Wadding

William A. Shaw
Prothonotary

Robert B. Welch

Vs.

Barbara Richter Wadding

COPY

IN THE COURT OF
PLEAS OF CLEARF
No. 2000-00367-CD

NOTICE OF AWARD

TO: ROBERT B. WELCH

You are herewith notified that the Arbitrators appointed in the above case have filed their award in this office on July 24, 2002, and have awarded:

Judgment for Plaintiff and against Defendant in amount of \$928.68. Defendant reduced her counterclaim to \$20,000.00. The counterclaim is denied. Plaintiff is also awarded court costs.

William A. Shaw _____

Prothonotary

By _____

July 24, 2002

Date

In the event of an Appeal from Award of Arbitration within thirty (30) days of date of award.

Robert B. Welch

Vs.

Barbara Richter Wadding

IN THE COURT OF
PLEAS OF CLEARF
No. 2000-00367-CD

COPY

NOTICE OF AWARD

TO: BARBARA RICHTER WADDING

You are herewith notified that the Arbitrators appointed in the above case have filed their award in this office on July 24, 2002, and have awarded:

Judgment for Plaintiff and against Defendant in amount of \$928.68. Defendant reduced her counterclaim to \$20,000.00. The counterclaim is denied. Plaintiff is also awarded court costs.

William A. Shaw

Prothonotary

By _____

July 24, 2002

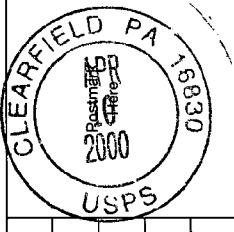
Date

In the event of an Appeal from Award of Arbitration within thirty (30) days of date of award.

U.S. Postal Service CERTIFIED MAIL RECEIPT	
(Domestic Mail Only) <small>No Insurance Coverage Provided</small>	
Article & Serial No. _____	
Postage \$ _____	
Certified Fee \$ _____	
Return Receipt Fee (Endorsement Required) \$ _____	
Restricted Delivery Fee (Endorsement Required) \$ _____	
Total Postage & Fees \$ _____	
Name (Please Print Clearly) (to be completed by mailer) <i>John R. Watson</i>	
Street, Apt. No. _____; or P.O. Box No. _____ <i>Box 91-7</i>	
City, State, Zip Code _____ <i>Clearfield PA 15227</i>	

See Reverse for Instructions

PS Form 3600, July 1989



2582 7652 2000 004E 6602

Certified Mail Provides:

- A mailing receipt
- A unique identifier for your mailpiece
- A signature upon delivery
- A record of delivery kept by the Postal Service for two years

Important Reminders:

- Certified Mail may ONLY be combined with First-Class Mail or Priority Mail.
- Certified Mail is not available for any class of international mail.
- NO INSURANCE COVERAGE IS PROVIDED with Certified Mail. For valuables, please consider Insured or Registered Mail.
- For an additional fee, a Return Receipt may be requested to provide proof of delivery. To obtain Return Receipt service, please complete and attach the Receipt (PS Form 38-1) to the article and add applicable postage to cover the fee. Endorse mailpiece "Return Receipt Requested". To receive a fee waiver for a duplicate return receipt, a USPS postmark on your Certified Mail receipt is required.
- For an additional fee, delivery may be restricted to the addressee or addressee's authorized agent. Advise the clerk or mark the mailpiece with the endorsement "Restricted Delivery".
- If a postmark on the Certified Mail receipt is desired, please present the article at the post office for postmarking. If a postmark on the Certified Mail receipt is not needed, detach and affix label with postage and mail.

IMPORTANT: Save this receipt and present it when making an inquiry.

PS Form 3800, July 1999 (Reverse)

102595-99-M-2087

COMPLAINT
IN THE COURT OF COMMON PLEAS CLEARFIELD COUNTY,
PENNSYLVANIA

ROBERT B. WELCH :

Plaintiff/Appellant : District Justice Appeal
vs : CASE NO.00367 C.D.
:

BARBARA RICHTER WADDING :

Defendant/Appellee Type of Pleading:

COMPLAINT

COMPLAINT

NOW, comes the **Plaintiff, Robert B. Welch** who hereby avers as follows:

1. **Robert B. Welch** is a adult individual whose address is RR#3 Box 244 Brookville, PA 15825.
2. Defendant is **Barbara Wadding**, an adult individual, whose address is R.D. 1 Box 61-A Mahaffey, PA 15757.
3. Beginning June 18, 1999 Robert started to work for Barbara Wadding as Caregiver for her parents, Dale and Dorothy Richter at their residence in Mahaffey, Pa.
4. Barbara owes Robert \$100.00 (One Hundred Dollars) from one year ago for care-giver.
5. Barbara owes Robert \$57.10 (Fifty-seven dollars & 10/100) and \$35.00 (Thirty-five dollars) for one end. She also owes \$400.00 (Four-Hundred Dollars) for two weeks ending December 26, 1999 thru January 1, 2000 and January 2, 2000 through January 9, 2000.
6. She owes \$28.00(Twenty-eight Dollars) for Laundry at Best Western. Also \$55.75 (Fifty-five dollars & 75/100) Co-Payment for medicine I purchased for her parents during the time that I was care-giver for her parents.
7. She also owes me \$56.00 (Fifty-Six Dollars) for costs in Small Claims Court.
8. This totals to \$731.85 (Seven Hundred-Thirty One Dollars and 85/100)

*After 20 days
then
10 days*

*Appendix
B*

COMPLAINT - VERIFICATION

V E R I F I C A T I O N

I verify that the statements made in this Complaint are true and correct. I understand that false statements herein are made subject to the penalties of 18 Pa. C.S. Section 4904 relating to Unsworn Falsification to Authorities.



Robert B. Welch
ROBERT B. WELCH

2nd Copy

IN THE COURT OF COMMON PLEAS CLEARFIELD COUNTY,
PENNSYLVANIA

ROBERT B. WELCH

Plaintiff/Appellant

vs.

DISTRICT JUSTICE APPEAL
CASE NO. 00367-CD

BARBARA RICHTER WADDING

Defendant/Appellee

CERTIFICATE OF SERVICE

I, ROBERT B. WELCH, Plaintiff above named, do hereby certify that on the April 10, 2000, I served a certified copy of the Complaint on the Defendant above named, by U.S. Mail said certified copy to the Defendant at PO Box 95 Mahaffey, Pa. 15757.

Robert B. Welch

Sent defunct. May 3, 2000



Peter F. Smith., Equire
CHAIRMAN

Arb.
7/24

COPY
OF

ROBERT B. WELCH
VS
BARBARA RICHTER WADDING
CASE

NO. 00-367-CD

Arbitrators

Peter F. Smith., Esq.
Chairman
John A. Ayers,Jr. Esq
Warren B. Mikesell.,II
Esq.

John A. Ayers, Jr.
Esq.

Sirs;

M/s Wadding hired me to look after her parents for eight hundred dollars a month. Where as she defaulted on the terms of our agreement. She owed me one hundred dollars from taking care of them before I had surgery on my heart. Then after I came back to work for her, she owed me 35.00 for one weekend for looking after mother when I had time off, and then co-payment for her parents medicine, and for working weekend after their home caught fire and I stayed six weeks with them with no time off. And I ended up working two weeks without pay that she owes me 400.0000 for plus court cost this total, also for doing laundry for them while I was in the motel with them. This totals 731.85 for everything except the amount of money that the postal cost me approximately 100.00.

CITATION TO APPLICABLE CASE
OR STAUTES

ROBERT B. WELCH

-VS-

NO.00-367-CD

BARBARA RICHTER WADDING

WITNESS FOR
ROBERT B. WELCH

MARILYN HOOVER
EILEEN ANTHONY
~~SHIRLEY BEZELA...RN~~
~~FAY BINGHAM...RN~~

DORIS SPENCER...VOLUNTEER AIDE

Harrisburg, PA 17120



www.dli.state.pa.us

DuBois Area Job Center
490 Jeffers Street
DuBois, PA 15801
12 July 2000

Mr. Robert B. Welch
P O Box 166
Rockton, PA 15856

Dear Mr. Welch:

Per your request, records indicate that you were referred from the Clearfield Job Center on 12-02-98 to Barbara Wadding (J0#9089816) and that you were hired on 12-06-98 for the position as "Home Attendant." The information supplied to the Job Center from Ms. Wadding was that she would "hire one person for 6 days per week or two people for 3 days per week at \$100 for 3 days."

Very truly yours,


Michael A. Baron, Interim Manager
DuBois Area Job Center

MAB;mkb

01-Jul-00

PATIENT HISTORY

Page 1

06/18/99 TO 01/08/00

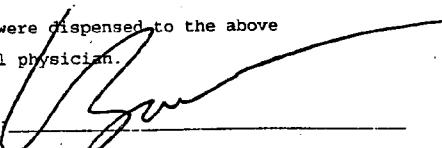
DALE RICHTER ECKERD DRUGS #6177
 RD2 Bx61A PUNXY PLAZA W MAHONING S
 Mahaffey PA 15767 Punxsutawney PA 15767
 (814)277-4540 License #
 Birthdate: 07/14/21 Sex: M
 Social Security No:

Ref.	Date	Rx No.	No.	Drug Name	Unit	NDC	Dispensed Qty	Day	R.Ph. Init.	Third Party Authorization	Patient Pay
	07/02/99	6460866	00	CEFTIN 250MG/5ML	ML	00173-0555-00	100.000	5	Dr. Bizo	JG 918172673101	.00
	07/19/99	7463555	00	DUODERM CGF 4"X4" DRESSI	EA	00003-1876-60	5.000	5	Dr. DANIELS	AMD	.00
	07/22/99	6464271	00	BACLOFEN 10MG TAB	TA	00172-4096-60	45.000	30	Dr. Bizo	JG 920172456001	.00
	07/22/99	6464272	00	LAC HYDRIN 12% LOT	ML	00072-5712-14	400.000	10	Dr. Bizo	JG 920372501601	.00
	08/03/99	6466286	00	DUPHALAC SYR	ML	00032-1602-78	480.000	8	Dr. Bizo	GLB 921571096401	.00
	08/03/99	7466350	00	Tape 1 Inch Paper	EA	51138-0825-50	10.000	5	Dr. Bizo	AMD	.00
	08/03/99	7466343	00	Gauze Pads 4 By 4	EA	73913-1177-81	100.000	10	Dr. Bizo	AMD	.00
	08/11/99	6467818	00	DUPHALAC SYR	ML	00032-1602-78	473.000	8	Dr. Bizo	JG 922372509601	.00
	08/16/99	6468558	00	DUPHALAC SYR	ML	00032-1602-78	1419.000	24	Dr. Bizo	JG 922872369401	.00
	08/18/99	6469009	00	LAC HYDRIN 12% LOT	ML	00072-5712-14	400.000	10	Dr. Bizo	RRU 923073519301	.00
	08/18/99	7469006	00	BETADINE 10% SOLUTION	ML	00034-2100-80	240.000	10	Dr. Bizo	RRU 923073500601	.00
	08/24/99	6469783	00	BACLOFEN 10MG TAB	TA	00172-4096-60	45.000	30	Dr. Bizo	RRU 923671429101	.00
	09/16/99	7473876	00	DIOCTO LIQUID 50mg/5ml	ML	00472-0936-16	480.000	24	Dr. Bizo	AMD 925972243301	.00
	09/16/99	6473871	00	BACLOFEN 10MG TAB	TA	00172-4096-60	90.000	30	Dr. Bizo	AMD 92597216801	.00
	09/27/99	7471241	00	Metamucil Sm Tx Orange	PAC	37000-0024-04	60.000	15	Dr. Bizo	GLB 927073073001	.00
	09/28/99	6475838	00	BACITRACIN OPTH OINT	GM	00168-0026-38	4.000	3	Dr. Bizo	GLB 92710726101	.00
	09/28/99	4475837	00	AMBIEN 5MG TABS	TA	00025-5401-31	30.000	30	Dr. Bizo	GLB 92710777301	.00
	10/04/99	7473876	01	DIOCTO LIQUID 50mg/5ml	ML	00472-0936-16	480.000	24	Dr. Bizo	AMD 927772819501	.00
	10/04/99	7466343	01	Gauze Pads 4 By 4	EA	73913-1177-81	100.000	10	Dr. Bizo	AMD	.00
	10/04/99	6469009	01	LAC HYDRIN 12% LOT	ML	00072-5712-14	400.000	10	Dr. Bizo	AMD 927771949901	.00
	10/04/99	7469006	01	BETADINE 10% SOLUTION	ML	00034-2100-80	240.000	10	Dr. Bizo	AMD 927772893201	.00
	10/19/99	7473876	02	DIOCTO LIQUID 50mg/5ml	ML	00472-0936-16	480.000	24	Dr. Bizo	AMD 929270867601	.00
	10/26/99	6480887	00	AMOXICILLIN 250MG SUSP	ML	00093-4155-80	150.000	10	Dr. Bizo	AMD 929971737701	.00
	11/09/99	7466343	02	Gauze Pads 4 By 4	EA	73913-1177-81	100.000	10	Dr. Bizo	JG .00	
	11/09/99	7473876	03	DIOCTO LIQUID 50mg/5ml	ML	00472-0936-16	480.000	24	Dr. Bizo	JG 931372562501	.00
	11/24/99	7473876	04	DIOCTO LIQUID 50mg/5ml	ML	00472-0936-16	480.000	24	Dr. Bizo	AMD 932873239601	.00
	11/24/99	7471241	01	Metamucil Sm Tx Orange	PAC	37000-0024-04	60.000	15	Dr. Bizo	AMD 932873239501	.00
	11/24/99	6469009	02	LAC HYDRIN 12% LOT	ML	00072-5712-14	400.000	10	Dr. Bizo	AMD 932873256001	.00
	12/03/99	6469783	01	BACLOFEN 10MG TAB	TA	00172-4096-60	45.000	30	Dr. Bizo	JGS 933771815301	.00
	12/08/99	6489258	00	RISPERDAL 0.5MG TABS	TA	50458-0302-06	30.000	30	Dr. Yunus	JGS 934272087301	.00

Total Patient Pays: \$24.00

I hereby certify that these drugs and medicines were dispensed to the above named person(s) by order of his (or her) personal physician.

Date: 01-Jul-00

Pharmacist Signature: 

P A T I E N T H I S T O R Y

Page 1

01-Jul-00

06/18/99 TO 01/08/00

DOROTHY RICHTER ECKERD DRUGS #6177
 RD2 Bx61A PUNXY PLAZA W MAHONING S
 Mahaffey PA 15757 Punxsutawney PA 15767
 (814) 277-4540 License #
 Birthdate: 01/06/27 Sex: F
 Social Security No:

Ref.	Date	Rx No.	No.	Drug Name	Unit	NDC	Dispensed	Day	R.Ph.	Third Party	Patient	Pays
							Qty	Sup	Doctor Name	Init.	Authorization	
	07/12/99	7441015	01	SODIUM BICARB 650MG TABL TA		00536-4544-10	100.000	100	Dr.Bizousky	GLB	919371065801	1.00
	07/23/99	6441014	02	BENZTROPINE 0.5MG TABS	TA	62269-0208-24	60.000	30	Dr.Bizousky	JG	92047046501	.00
	07/27/99	6445631	03	K-DUR 20 MEQ TABS	TA	00085-0787-01	30.000	30	Dr.Chambers	AMD	92087089801	1.00
	07/29/99	7465583	00	ASPIRIN 325MG ENTERIC	TAB	00182-0448-10	30.000	30	Dr.Bizousky	AMD	921073146601	1.00
	08/11/99	6467815	00	LEVAQUIN 500MG TABS	TA	00045-1525-50	7.000	7	Dr.Bizousky	JG	922372458501	1.00
	08/29/99	6445631	04	K-DUR 20 MEQ TABS	TA	00085-0787-01	30.000	30	Dr.Chambers	AMD	924170613101	1.00
	09/30/99	7465583	01	ASPIRIN 325MG ENTERIC	TAB	00182-0448-10	30.000	30	Dr.Bizousky	JG	924271028301	1.00
	09/30/99	6441014	03	BENZTROPINE 0.5MG TABS	TA	50111-0393-01	60.000	30	Dr.Bizousky	JG	924271029801	.00
	10/16/99	6473860	00	FLUPHENAZINE 25MG/ML VIA ML	ML	00469-2720-20	5.000	30	Dr.Bizousky	AMD	925972163701	.00
	10/23/99	6475205	00	K-DUR 20 MEQ TABS	TA	00085-0787-01	30.000	30	Dr.Chambers	GLB	926672164601	1.00
	09/23/99	6475204	00	BENZTROPINE 0.5MG TABS	TA	50111-0393-01	60.000	30	Dr.Bizousky	GLB	926672170801	.00
	09/23/99	7475207	00	ASPIRIN 325MG ENTERIC	TAB	00182-0448-10	30.000	30	Dr.Bizousky	GLB	926672165701	1.00
	10/19/99	7479735	00	SODIUM BICARB 650MG TABL TA		00677-0131-10	30.000	30	Dr.Chambers	RRU	929272659401	1.00
	10/19/99	6475205	01	K-DUR 20 MEQ TABS	TA	00085-0787-01	30.000	30	Dr.Chambers	AMD	929271169801	1.00
	11/09/99	7475207	01	ASPIRIN 325MG ENTERIC	TAB	00182-0448-10	30.000	30	Dr.Bizousky	JG	931372459501	1.00
	11/09/99	6475204	01	BENZTROPINE 0.5MG TABS	TA	50111-0393-01	60.000	30	Dr.Bizousky	JG	931372561801	.00
	11/09/99	7479735	01	SODIUM BICARB 650MG TABL TA		00677-0131-10	30.000	30	Dr.Chambers	JG	931372529801	1.00
	11/24/99	7486681	00	Oysco 500 +D	TAB	00536-7817-08	100.000	50	Dr.KROT	GLB	932872052601	1.00
	11/24/99	6486680	00	WARFARIN SOD 3MG TABS	TA	00555-0925-02	20.000	20	Dr.KROT	GLB	932872061001	1.00
	12/02/99	6475205	02	K-DUR 20 MEQ TABS	TA	00085-0787-01	30.000	30	Dr.Chambers	JGS	933673329501	1.00
	12/03/99	6488366	00	FLUPHENAZINE 25MG/ML VIA ML	ML	00469-2720-20	5.000	60	Dr.Chambers	JGS	933771872401	.00
	12/03/99	7479735	02	SODIUM BICARB 650MG TABL TA		00677-0131-10	30.000	30	Dr.Chambers	JGS	933771825201	1.00
	12/03/99	7475207	02	ASPIRIN 325MG ENTERIC	TAB	00182-0448-10	30.000	30	Dr.Bizousky	JGS	933771952001	1.00
	12/03/99	6475204	02	BENZTROPINE 0.5MG TABS	TA	50111-0393-01	60.000	30	Dr.Bizousky	JGS	933771789201	.00

Total Patient Pays: \$17.00

I hereby certify that these drugs and medicines were dispensed to the above named person(s) by order of his (or her) personal physician.

Date: 01-Jul-00

Pharmacist Signature: CMP / GLB

IN THE COURT OF COMMON PLEAS
CLEARFIELD COUNTY PENNSYLVANIA

Case # 00-367-CD
Defendant's Statement
Board of Arbitrators
Hearing July 24,2002
1:00 pm.

Robert B. Welch
Plaintiff

VS

Barbara L. Wadding
Defendant

I Barbara L. Wadding, do not owe Robert B. Welch the amount that he is asking the court for.

Robert was hired by the family as a caregiver for Dale L. Richter Sr.
Robert B. Welch did not do the job he was hired to do in late Dec and early Jan, 2000
Robert was charged , in a case resulting in Mr Richter being hurt by Robert.
Dale L. Richter died Jan 20, 2002 a few days after he was hurt

The money for laundry is not owed Robert B Welch

The money that Robert B. Welch is owed for medicine maybe owed Robert, but extra a large amount of unneeded and unused things were also ordered by Robert that the family has no use for and is stuck with.

Witnesses if need are: Jason Morgan Karen Bond Danuvel Gisewhite

Barbara L. Wadding Pro Se

IN THE COURT OF COMMON PLEAS OF CLEARFIELD COUNTY,
PENNSYLVANIA
CIVIL DIVISION

IN RE: BOARD OF ARBITRATORS : Misc. Docket 11
July 24, 2002 : Page 575

O R D E R

NOW, this 23rd day of July, 2002, it is the ORDER
of the Court that Brian K. Marshall, Esquire shall replace John A. Ayres Jr., Esquire
on the Board of Arbitrators on Wednesday, July 24, 2002 for the afternoon case only:
ROBERT B. WELCH vs. BARBARA RICHTER WADDING No. 00-367-CD.

BY THE COURT:

/s/ JOHN K. REILLY, JR.

President Judge

I hereby certify this to be a true
and attested copy of the original
statement filed in this case.

JUL 23 2002

Attest.

W. K. Reilly
Prothonotary/
Clerk of Courts

(A)

COURT ADMINISTRATOR OFFICE

COPY
OF

ROBERT B. WELCH
VS
BARBARA RICHTER WADDING
CASE

NO. 00-367-CD

Arbitrators

Peter F. Smith., Esq.

Chairman

John A. Ayers,Jr. Esq

Warren B. Mikesell.,II

Esq.

RECEIVED

JUL 10 2002

John A. Ayers, Jr.

Esq.

COURT ADMINISTRATOR'S
OFFICE

Sirs;

M/s Wadding hired me to look after her parents for eight hundred dollars a month. Where as she defaulted on the terms of our agreement. She owed me one hundred dollars from taking care of them before I had surgery on my heart. Then after I came back to work for her, she owed me 35.00 for one weekend for looking after mother when I had time off, and then co-payment for her parents medicine, and for working weekend after their home caught fire and I stayed six weeks with them with no time off. And I ended up working two weeks without pay that she owes me 400.0000 for plus court cost this total, also for doing laundry for them while I was in the motel with them. This totals 731.85 for everything except the amount of money that the postal cost me approximately 100.00.

CITATION TO APPLICABLE CASE
OR STAUTES

ROBERT B. WELCH

-VS-

NO.00-367-CD

BARBARA RICHTER WADDING

WITNESS FOR
ROBERT B. WELCH

MARILYN HOOVER
EILEEN ANTHONY
SHIRLEY BEZELLA...R.N.
FAY BZNGHMAN...R.N.

DORIS SPENCER...VOLUNTEER AIDE

01-Jul-00

PATIENT HISTORY

Page 1

06/18/99 TO 01/08/00

DALE RICHTER
 RD2 Bx61A
 Mahaffey PA 15767
 (814)277-4540
 Birthdate: 07/14/21 Sex: M
 Social Security No:

ECKERD DRUGS #6177
 PUNXY PLAZA W MAHONING S
 Punxsutawney PA 15767
 License #

(COPAY)

Ref.	Date	Rx No.	No.	Drug Name	Unit	NDC	Dispensed	Day	R.Ph.	Third Party	Patient
							Qty	Sup Doctor Name	Init.	Authorization	Pays
07/02/99	6460866	00	CEFTIN 250MG/5ML	ML	00173-0555-00	100.000	5	Dr.Bizousky	JG	918372673101	1.00
07/19/99	7463555	00	DUODERM CGF 4"X4" DRESSI	EA	00003-1876-60	5.000	5	Dr.DANIELS	AMD		.00
07/22/99	6464271	00	BACLOFEN 10MG TAB	TA	00172-4096-60	45.000	30	Dr.Bizousky	JG	920372456901	1.00
07/22/99	6464272	00	LAC HYDRIN 12% LOT	ML	00072-5712-14	400.000	10	Dr.Bizousky	JG	920372501601	1.00
08/03/99	6466286	00	DUPHALAC SYR	ML	00032-1602-78	480.000	8	Dr.Bizousky	GLB	921571096401	1.00
08/03/99	7466350	00	Tape 1 Inch Paper	EA	51138-0825-50	10.000	5	Dr.Bizousky	AMD		.00
08/03/99	7466343	00	Gauze Pads 4 By 4	EA	73913-1177-81	100.000	10	Dr.Bizousky	AMD		.00
08/11/99	6467818	00	DUPHALAC SYR	ML	00032-1602-78	473.000	8	Dr.Bizousky	JG	922372609601	1.00
08/16/99	6468558	00	DUPHALAC SYR	ML	00032-1602-78	1419.000	24	Dr.Bizousky	JG	922872369401	1.00
08/18/99	6469009	00	LAC HYDRIN 12% LOT	ML	00072-5712-14	400.000	10	Dr.Bizousky	RRU	923073519301	1.00
08/18/99	7469006	00	BETADINE 10% SOLUTION	ML	00034-2100-80	240.000	10	Dr.Bizousky	RRU	923073500601	1.00
08/24/99	6469783	00	BACLOFEN 10MG TAB	TA	00172-4096-60	45.000	30	Dr.Bizousky	RRU	923671429101	1.00
09/15/99	7473876	00	DIOCTO LIQUID 50mg/5ml	ML	00472-0936-16	480.000	24	Dr.Bizousky	AMD	925972243301	1.00
09/16/99	6473871	00	BACLOFEN 10MG TAB	TA	00172-4096-60	90.000	30	Dr.Bizousky	AMD	925972168801	1.00
09/27/99	7471241	00	Metamucil Sm Tx Orange	PAC	37000-0024-04	60.000	15	Dr.Bizousky	GLB	927073073001	1.00
09/28/99	6475838	00	BACITRACIN OPHTH OINT	GM	00168-0026-38	4.000	3	Dr.Bizousky	GLB	927170726101	1.00
09/28/99	4475837	00	AMBIEN 5MG TABS	TA	00025-5401-31	30.000	30	Dr.Bizousky	GLB	927170777301	1.00
10/04/99	7473876	01	DIOCTO LIQUID 50mg/5ml	ML	00472-0936-16	480.000	24	Dr.Bizousky	AMD	927772819501	1.00
10/04/99	7466343	01	Gauze Pads 4 By 4	EA	73913-1177-81	100.000	10	Dr.Bizousky	AMD		.00
10/04/99	6469009	01	LAC HYDRIN 12% LOT	ML	00072-5712-14	400.000	10	Dr.Bizousky	AMD	927771949901	1.00
10/04/99	7469006	01	BETADINE 10% SOLUTION	ML	00034-2100-80	240.000	10	Dr.Bizousky	AMD	927772893901	1.00
10/19/99	7473876	02	DIOCTO LIQUID 50mg/5ml	ML	00472-0936-16	480.000	24	Dr.Bizousky	AMD	929270867601	1.00
10/26/99	6480887	00	AMOXICILLIN 250MG SUSP	ML	00093-4155-80	150.000	10	Dr.Bizousky	AMD	929971737701	1.00
11/09/99	7466343	02	Gauze Pads 4 By 4	EA	73913-1177-81	100.000	10	Dr.Bizousky	JG		.00
11/09/99	7473876	03	DIOCTO LIQUID 50mg/5ml	ML	00472-0936-16	480.000	24	Dr.Bizousky	JG	931372562501	1.00
11/24/99	7473876	04	DIOCTO LIQUID 50mg/5ml	ML	00472-0936-16	480.000	24	Dr.Bizousky	AMD	932873296801	1.00
11/24/99	7471241	01	Metamucil Sm Tx Orange	PAC	37000-0024-04	60.000	15	Dr.Bizousky	AMD	932873239501	1.00
11/24/99	6469009	02	LAC HYDRIN 12% LOT	ML	00072-5712-14	400.000	10	Dr.Bizousky	AMD	932873256001	1.00
12/03/99	6469783	01	BACLOFEN 10MG TAB	TA	00172-4096-60	45.000	30	Dr.Bizousky	JGS	933771815301	1.00
12/08/99	6489258	00	RISPERDAL 0.5MG TABS	TA	50458-0302-06	30.000	30	Dr.Yunus	JGS	934272087301	.00

Total Patient Pays:

\$24.00

I hereby certify that these drugs and medicines were dispensed to the above named person(s) by order of his (or her) personal physician.

Date: 01-Jul-00

Pharmacist Signature: *U. Gu*24⁰⁰

P A T I E N T H I S T O R Y

Page 1

01-Jul-00

06/18/99 TO 01/08/00

DOROTHY RICHTER ECKERD DRUGS #6177
 RD2 Bx61A PUNXY PLAZA W MAHONING S
 Mahaffey PA 15757 Punxsutawney PA 15767
 (814)277-4540 License #
 Birthdate: 01/06/27 Sex: F
 Social Security No: *Copay*

Ref.	Date	Rx No.	No.	Drug Name	Unit	NDC	Dispensed Qty	Day Sup Doctor Name	R.Ph.	Third Party	Patient	Init.	Authorization	Pays
07/12/99	7441015	01	SODIUM BICARB 650MG TABL TA	00536-4544-10	100.000	100 Dr.Bizousky	GLB	912373065801	1.00					
07/23/99	6441014	02	BENZTROPINE 0.5MG TABS	TA 62269-0208-24	60.000	30 Dr.Bizousky	JG	920470465101	.00					
07/27/99	6445631	03	K-DUR 20 MEQ TABS	TA 00085-0787-01	30.000	30 Dr.Chambers	AMD	920870898801	1.00					
07/29/99	7465583	00	ASPIRIN 325MG ENTERIC	TAB 00182-0448-10	30.000	30 Dr.Bizousky	AMD	921073146601	1.00					
08/11/99	6467815	00	LEVAQUIN 500MG TABS	TA 00045-1525-50	7.000	7 Dr.Bizousky	JG	922372458501	1.00					
08/29/99	6445631	04	K-DUR 20 MEQ TABS	TA 00085-0787-01	30.000	30 Dr.Chambers	AMD	924170623101	1.00					
08/30/99	7465583	01	ASPIRIN 325MG ENTERIC	TAB 00182-0448-10	30.000	30 Dr.Bizousky	JG	924271028301	1.00					
08/30/99	6441014	03	BENZTROPINE 0.5MG TABS	TA 50111-0393-01	60.000	30 Dr.Bizousky	JG	924271029801	.00					
09/16/99	6473860	00	FLUPHENAZINE 25MG/ML VIA ML	00469-2720-20	5.000	30 Dr.Bizousky	AMD	925672163701	.00					
09/23/99	6475205	00	K-DUR 20 MEQ TABS	TA 00085-0787-01	30.000	30 Dr.Chambers	GLB	926672164601	1.00					
09/23/99	6475204	00	BENZTROPINE 0.5MG TABS	TA 50111-0393-01	60.000	30 Dr.Bizousky	GLB	926672170801	.00					
09/23/99	7475207	00	ASPIRIN 325MG ENTERIC	TAB 00182-0448-10	30.000	30 Dr.Bizousky	GLB	926672165701	1.00					
10/19/99	7479735	00	SODIUM BICARB 650MG TABL TA	00677-0131-10	30.000	30 Dr.Chambers	RRU	929272659401	1.00					
10/19/99	6475205	01	K-DUR 20 MEQ TABS	TA 00085-0787-01	30.000	30 Dr.Chambers	AMD	929271169801	1.00					
11/09/99	7475207	01	ASPIRIN 325MG ENTERIC	TAB 00182-0448-10	30.000	30 Dr.Bizousky	JG	931372459501	1.00					
11/09/99	6475204	01	BENZTROPINE 0.5MG TABS	TA 50111-0393-01	60.000	30 Dr.Bizousky	JG	931372561801	.00					
11/09/99	7479735	01	SODIUM BICARB 650MG TABL TA	00677-0131-10	30.000	30 Dr.Chambers	JG	931372529801	1.00					
11/24/99	7486681	00	Oysco 500 +D	TAB 00536-7817-08	100.000	50 Dr.KROT	GLB	932872052601	1.00					
11/24/99	6486680	00	WARFARIN SOD 3MG TABS	TA 00555-0925-02	20.000	20 Dr.KROT	GLB	932972061001	1.00					
12/02/99	6475205	02	K-DUR 20 MEQ TABS	TA 00085-0787-01	30.000	30 Dr.Chambers	JGS	933671329501	1.00					
12/03/99	6488366	00	FLUPHENAZINE 25MG/ML VIA ML	00469-2720-20	5.000	60 Dr.Chambers	JGS	933771872401	.00					
12/03/99	7479735	02	SODIUM BICARB 650MG TABL TA	00677-0131-10	30.000	30 Dr.Chambers	JGS	933771825201	1.00					
12/03/99	7475207	02	ASPIRIN 325MG ENTERIC	TAB 00182-0448-10	30.000	30 Dr.Bizousky	JGS	933771952001	1.00					
12/03/99	6475204	02	BENZTROPINE 0.5MG TABS	TA 50111-0393-01	60.000	30 Dr.Bizousky	JGS	933771789201	.00					

Total Patient Pays: *\$17.00*

I hereby certify that these drugs and medicines were dispensed to the above named person(s) by order of his (or her) personal physician.

Date: 01-Jul-00

Pharmacist Signature: *CMP / GLB**17.00*

RICHTER,DOROTHY
STORE PHONE 814-765-784

Copy for

DATE N/R	RX# NDC#	DRUG (ITEM) MFG#	Name	Qty D/S	PRESCRIPTION DEA#	PRICE PR T GEN IND.
12/27/99	16205783	SODIUM BICARB 650M NEW 00002-2029-02	CHAMBERS,MD	30TAB 30DAYS	BC2425800	1.00 COPAY BRAND
12/27/99	16205732	K-DUR 20 MED TABLET NEW 00085-0/87-01	CHAMBERS,MD	30TAB 30 DAYS	BC2425800	1.00 CO-PA BRAND
01/05/05/00	16206608	DETROL 2MG TABLET NEW 00536-4106-08	YUNUSS,S	60TAB 30DAYS	BYE425675	1.00 COPA GENEF
01/05/00	16206608	DETROL 2MG TABLET NEW 00009-4544-02	YUNUS,S.	60TAB 30DAYS	BY5425675	1.00 COPA BRANI
01/05/00	16206607	BENZTROPINE 0.5 MG NEW 62269-0208-24	YUNUS,S.	60TAB 30DAYS	BY5425675	.00 COPA GENERI

4.00 TOT

for

Harrisburg, PA 17120



www.dli.state.pa.us

DuBois Area Job Center
490 Jeffers Street
DuBois, PA 15801
12 July 2000

Mr. Robert B. Welch
P O Box 166
Rockton, PA 15856

Dear Mr. Welch:

Per your request, records indicate that you were referred from the Clearfield Job Center on 12-02-98 to Barbara Wadding (JO#9089816) and that you were hired on 12-06-98 for the position as "Home Attendant." The information supplied to the Job Center from Ms. Wadding was that she would "hire one person for 6 days per week or two people for 3 days per week at \$100 for 3 days."

Very truly yours,


Michael A. Baron, Interim Manager
DuBois Area Job Center

MAB;mkb

COMMONWEALTH OF PENNSYLVANIA
COUNTY OF: **CLEARFIELD**

RECEIPT OF PAYMENT

Mag. Dist. No.:

46-3-04

DJ Name: Hon.

JAMES L. HAWKINS

Address: **430 SPRING STREET**
P.O. BOX 362
HOUTZDALE, PA

Telephone: **(814) 378-7160** **16651-0362**



REMITTER :

ROBERT B. WELCH
R.R.3 BOX 244
BROOKVILLE, PA 15825

Docket No.: **CV-0000040-00**
Date Filed: **1/25/00**

RECEIPT NO:	020514	DATE:	1/25/00	PAGE:	1
SOURCE:	PAID BY MAIL		AMOUNT RECEIVED:	\$	56.00
METHOD:	PAID BY CHECK		AMOUNT APPLIED:	\$	56.00
CHECK#:	00253		COLLATERAL APPLIED:	\$.00
MANUAL RECEIPT#:			CHANGE:	\$.00
CITATION#:					
COSTS INCLUDED ON:			NEXT PAYMENT AMOUNT:		
			NEXT PAYMENT DATE:		
			NEXT PMT TYPE:		

PAYMENT DESCRIPTION	BALANCE FWD	AMT APPLIED	CURRENT BAL
JUDICIAL COMPUTER PROJECT	1.50	1.50-	.00
POSTAGE	6.50	6.50-	.00
COMMONWEALTH COST- HB627	12.00	12.00-	.00
FILING FEES COMM-COST	12.00	12.00-	.00
FILING FEES 17-CTY	24.00	24.00-	.00
	=====	=====	=====
TOTAL	56.00	56.00-	.00
CURRENT BALANCE DUE	.00		

RECV'D FROM WELCH, ROBERT B
THANK YOU! CS

Court Cash

COMMONWEALTH OF PENNSYLVANIA
COUNTY OF: **CLEARFIELD**

Mag. Dist. No.:

46-3-04

DJ Name: Hon.

JAMES L. HAWKINS
Address: **430 SPRING STREET**
P.O. BOX 362
HOUTZDALE, PA

Telephone: **(814) 378-7160**

16651-0362

ROBERT B. WELCH
R.R.3 BOX 244
BROOKVILLE, PA 15825

**CIVIL ACTION
HEARING NOTICE**

PLAINTIFF:

WELCH, ROBERT B

R.R.3 BOX 244

BROOKVILLE, PA 15825

NAME and ADDRESS

DEFENDANT:

WADDING, BARBARA

BETHLEHEM HILL RD., BOX 95

MAHAFFEY, PA 15757

VS.

NAME and ADDRESS

Docket No.: **CV-0000040-00**

Date Filed: **1/25/00**



A civil complaint has been filed against you in the above captioned case. A hearing has been set in this matter for:

Date:	2/24/00	Place: DISTRICT COURT 46-3-04
Time:	9:30 AM	430 SPRING STREET P.O. BOX 362 HOUTZDALE, PA 16651-0362

NOTICE TO DEFENDANT

If you intend to enter a defense to this complaint, you should so notify this office immediately at the above phone number.

You must appear at the hearing and present your defense. UNLESS YOU DO, JUDGMENT WILL BE ENTERED AGAINST YOU BY DEFAULT.

If you have a claim against the plaintiff which is within district justice 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 have a claim against the plaintiff which is not within district justice jurisdiction, you may request information from this office as to the procedures you may follow.

NOTICE TO PLAINTIFF

If the defendant enters a Notice of Intent to Defend, you will be notified of the date and time of the scheduled hearing and must appear.

If you are disabled and require assistance, please contact the Magisterial District office at the address above.

DATE PRINTED: 1/25/00

COMMONWEALTH OF PENNSYLVANIA

JF:

No.:

DISTRICT Judge 46-3-04

Name: Hon. JAMES L. HAWKINS

Address: 430 SPRING STREET, SUITE 3

P.O.Bx 342

HOUTZDALE, PA. 16051

Telephone: (814) 378-7160

CIVIL COMPLAINT

Small Claims Court.

NAME and ADDRESS

DEFENDANT

BARBARA Wadding
Bethlehem Hill Rd. Bx 95
L MAHANNA PA 15857
VS.

PLAINTIFF

NAME and ADDRESS

ROBERT B. WELCH
RR3, Bx 244
L BROOKVILLE, PA. 15825

814-938-9712

Docket No.: C v 40-00
Date Filed: 1-25-00

	AMOUNT	DATE PAID
FILING COSTS \$		1/1
SERVING COSTS \$		1/1
TOTAL \$	56.00	1/25/00

TO THE DEFENDANT: The above named plaintiff(s) asks judgment against you for \$ 675.85 together with costs upon the following claim (Civil fines must include citation of the statute or ordinance violated):

598.85 back pay.
 55.00 co payment from father & mothers medicine
 28.00 laundry at motel for 6wks.
675.85
56
731.85

I, Robert B. Welch 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. S.C.A. § 4904) related to unworn falsification to authorities.

Robert B. Welch

(Signature of Plaintiff or Authorized Agent)

Plaintiff's
Attorney: _____

Address: _____

Telephone: _____

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

If you have a claim against the plaintiff which is within district justice 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 have a claim against the plaintiff which is not within district justice jurisdiction, you may request information from this office as to the procedures you may follow.

COMMONWEALTH OF PENNSYLVANIA
COUNTY OF: **CLEARFIELD**

Mag. Dist. No.: **46-3-04**

DJ Name: Hon.

JAMES L. HAWKINS
Address: **430 SPRING STREET**
P.O. BOX 362
HOUTZDALE, PA

Telephone: **(814) 378-7160** **16651-0362**

NOTICE OF INTENT TO DEFEND

PLAINTIFF:

WELCH, ROBERT B
R.R.3 BOX 244
BROOKVILLE, PA 15825

NAME and ADDRESS

DEFENDANT:

VS.

WADDING, BARBARA
BETHLEHEM HILL RD., BOX 95
MAHAFFEY, PA 15757

NAME and ADDRESS

Docket No.: **CV-0000040-00**
Date Filed: **1/25/00**



ROBERT B. WELCH
R.R.3 BOX 244
BROOKVILLE, PA 15825

HEARING: CIVIL ACTION HEARING

Date: **02/24/00**

Place: **DISTRICT COURT 46-3-04**

Time: **9:30 AM**

430 SPRING STREET

P.O. BOX 362

HOUTZDALE, PA 16651-0362

PLAINTIFF: WELCH, ROBERT B

You are hereby notified that the defendant named below has given notice of his intent to present a defense at the hearing in the above case.

DEFENDANT: WADDING, BARBARA

1-27-00 Date James L. Hawkins, District Justice

My commission expires first Monday of January, 2006.

SEAL

COMMONWEALTH OF PENNSYLVANIA
COUNTY OF: **CLEARFIELD**

Mag. Dist. No.:

46-3-04

DJ Name: Hon.

JAMES L. HAWKINS
Address: **430 SPRING STREET**
P.O. BOX 362
HOUTZDALE, PA

Telephone: (814) 378-7160

16651-0362

ROBERT B. WELCH
R.R.3 BOX 244
BROOKVILLE, PA 15825

**NOTICE OF JUDGMENT/TRANSCRIPT
CIVIL CASE**

PLAINTIFF:

WELCH, ROBERT B

R.R.3 BOX 244

BROOKVILLE, PA 15825

NAME and ADDRESS

DEFENDANT:

WADDING, BARBARA

BETHELEM HILL RD., BOX 95

MAHAFFEY, PA 15757

VS.

NAME and ADDRESS

Docket No.: **CV-0000040-00**

Date Filed: **1/25/00**



THIS IS TO NOTIFY YOU THAT:

Judgment:

DEFAULT JUDGMENT PLTF

Judgment was entered for: (Name) **WELCH, ROBERT B**

Judgment was entered against: (Name) **WADDING, BARBARA**

in the amount of \$ **731.85** on: (Date of Judgment) **2/24/00**

Defendants are jointly and severally liable. (Date & Time) _____

Damages will be assessed on: _____

This case dismissed without prejudice. _____

Amount of Judgment Subject to Attachment/Act 5 of 1996 \$ _____

Levy is stayed for _____ days or generally stayed. _____

Objection to levy has been filed and hearing will be held: _____

Amount of Judgment	\$ 675.85
Judgment Costs	\$ 56.00
Interest on Judgment	\$.00
Attorney Fees	\$.00
Total	\$ 731.85
Post Judgment Credits	\$ _____
Post Judgment Costs	\$ _____
Certified Judgment Total \$ _____	

Date:	Place:
Time:	

ANY PARTY HAS THE RIGHT TO APPEAL WITHIN 30 DAYS AFTER THE ENTRY OF JUDGMENT BY FILING A NOTICE OF APPEAL WITH THE PROTHONOTARY/CLERK OF THE COURT OF COMMON PLEAS, CIVIL DIVISION. YOU MUST INCLUDE A COPY OF THIS NOTICE OF JUDGMENT/TRANSCRIPT FORM WITH YOUR NOTICE OF APPEAL.

2-24-00 Date Jan 1 , District Justice

I certify that this is a true and correct copy of the record of the proceedings containing the judgment.

Date _____, District Justice

My commission expires first Monday of January,

2006

SEAL

COMPLAINT
IN THE COURT OF COMMON PLEAS CLEARFIELD COUNTY,
PENNSYLVANIA

ROBERT B. WELCH :

Plaintiff/Appellant : District Justice Appeal
vs : CASE NO. 00367 C.D.

BARBARA RICHTER WADDING :

Defendant/Appellee : Type of Pleading:

COMPLAINT

COMPLAINT

NOW, comes the **Plaintiff, Robert B. Welch** who hereby avers as follows:

1. **Robert B. Welch** is a adult individual whose address is RR#3 Box 244 Brookville, PA 15825.
2. Defendant is **Barbara Wadding**, an adult individual, whose address is R.D. 1 Box 61-A Mahaffey, PA 15757.
3. Beginning June 18, 1999 Robert started to work for Barbara Wadding as Caregiver for her parents, Dale and Dorothy Richter at their residence in Mahaffey, Pa.
4. Barbara owes Robert \$100.00 (One Hundred Dollars) from one year ago for care-giver.
5. Barbara owes Robert \$57.10 (Fifty-seven dollars & 10/100) and \$35.00 (Thirty-five dollars) for one end. She also owes \$400.00 (Four-Hundred Dollars) for two weeks ending December 26, 1999 thru January 1, 2000 and January 2, 2000 through January 9, 2000.
6. She owes \$28.00 (Twenty-eight Dollars) for Laundry at Best Western. Also \$55.75 (Fifty-five dollars & 75/100) Co-Payment for medicine I purchased for her parents during the time that I was care-giver for her parents.
7. She also owes me \$56.00 (Fifty-Six Dollars) for costs in Small Claims Court.
8. This totals to \$731.85 (Seven Hundred-Thirty One Dollars and 85/100)

*After 20 days
then
10 days*

*Appendix
3.*

COMPLAINT - VERIFICATION

V E R I F I C A T I O N

I verify that the statements made in this Complaint are true and correct. I understand that false statements herein are made subject to the penalties of 18 Pa. C.S. Section 4904 relating to Unsworn Falsification to Authorities.



Robert B. Welch
ROBERT B. WELCH

2nd Copy

IN THE COURT OF COMMON PLEAS CLEARFIELD COUNTY,
PENNSYLVANIA

ROBERT B. WELCH :
Plaintiff/Appellant

vs.

DISTRICT JUSTICE APPEAL
CASE NO.00367-CD

BARBARA RICHTER WADDING :
Defendant/Appellee

CERTIFICATE OF SERVICE

I, ROBERT B. WELCH, Plaintiff above named, do hereby certify that on the April 10, 2000, I served a certified copy of the Complaint on the Defendant above named, by U.S. Mail said certified copy to the Defendant at PO Box 95 Mahaffey, Pa. 15757.

Robert B. Welch

Sent defunct. May 3, 2000

