

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

IN THE COURT OF COMMON PLEAS CLEARFIELD COUNTY,
PENNSYLVANIA

ROBERT B WELCH :
Plaintiff/Appellant :

vs

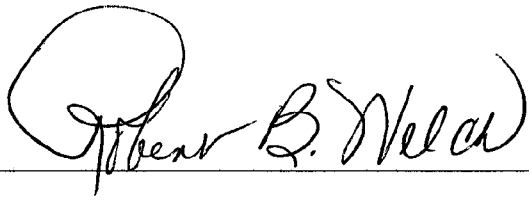
District Justice Appeal
CASE NO. 00367C.D.

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:

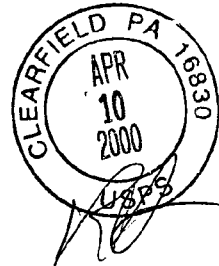
BARBARA RICHTER WADDING
R.D. #1 Box 61-A
Mahaffey, PA 15757



FILED

APR 11 2000

William A. Shaw
Prothonotary



FILED

01244 282
APR 11 2000

William A. Shaw
Prothonotary

NO
cc
KCB

①

COURT OF COMMON PLEAS

CLEARFIELD
JUDICIAL DISTRICT

416TH

FROM

DISTRICT JUSTICE JUDGMENT

COMMON PLEAS No. 00-367-CD

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 <i>Barbara L. Wadding</i>		MAG. DIST. NO. OR NAME OF D.J. <i>416-3-04</i>	
ADDRESS OF APPELLANT <i>P.O. Box 95 Mahanoy</i>	CITY <i>PA</i>	STATE <i>13757</i>	ZIP CODE
DATE OF JUDGMENT <i>2/24/2000</i>	IN THE CASE OF (Plaintiff) <i>Robert B. Welch</i>		(Defendant) <i>Barbara L. Wadding</i>
CLAIM NO.	SIGNATURE OF APPELLANT OR HIS ATTORNEY OR AGENT <i>[Signature]</i>		
CV 19	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, appellee(s), to file a complaint in this appeal
Name of appellee(s)

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

RULE: To ROBERT B. WELCH, appellee(s).
Name of appellee(s)

George D. Kulchowski
Signature of appellant or his attorney or agent

(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.

William A. Shaw

Signature of Prothonotary or Deputy

FILED

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 affiant

Signature of official before whom affidavit was made

Title of official

My commission expires on _____, 19____

FILED 80.00 pd by
MAR 24 2000
William A. Shaw,
Prothonotary

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 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
BETHELEM HILL RD., BOX 95
MAHAFFEY, PA 15757

COPY

BARBARA WADDING
BETHELEM 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

00-367-00

☒ 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 **[Signature]**, 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

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

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

BETHELEM 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

00367-00

☒ 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

William A. Shaw

Prothonotary

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 *[Signature]*, 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 *[Signature]*, District Justice

My commission expires first Monday of January,

2006

SEAL

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. 00367-C.D.
:

: 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

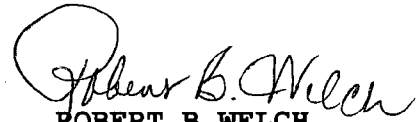
<u>ROBERT B. WELCH</u>	:	
Plaintiff/Appellant	:	
vs	:	District Justice Appeal
	:	CASE NO.00367 C.D.
<u>BARBARA RICHTER WADDING</u>	:	
Defendant/Appellee	:	Type of Pleading:
	:	COMPLAINT

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)

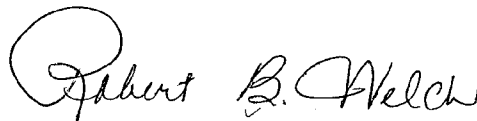
WHEREFORE, Plaintiff demands judgment against Defendant in the amount of \$731.85 plus interest, court costs and such other reasonable costs as the court may allow.


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.

A handwritten signature in cursive script, reading "Robert B. Welch". The signature is written in dark ink and is positioned above a horizontal line.

ROBERT B. WELCH

FILED

APR 10 2008
O/3:55/4AT
William A. Shaw
Prothonotary

1 CENT TO ~~PLFF~~
PLFF

ESG

Certified a true and
correct copy.

(5)

George D. 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

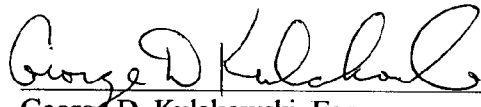
MAY 12 2000

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, Esq.

FILED

MAY 12 2008

Millard / CCAH

William A. Shaw

Prothonotary

Kulakowski

gab

REPLY TO THE NEW MATTER

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

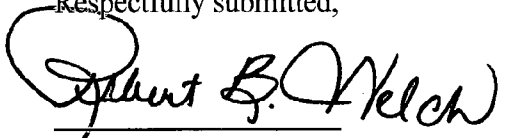
DISTRICT JUSTICE APPEAL
Case No. 00367 C.D.

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 7-0060 A (12-84) 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	
ATTACHMENTS: <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		<input type="checkbox"/> MISSING PERSON CHECKLIST <input type="checkbox"/> STATEMENT FORM(S) <input type="checkbox"/> RIGHTS WARNING AND WAIVER		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		<input type="checkbox"/> DOMESTIC VIOLENCE <input type="checkbox"/> JUVENILE	
61. ORJ/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. 1 NAME: Robert Buel WELCH		66. ADDRESS PO Box 65 Mahaffey, PA 15757			
67. HOME PHONE 814-277-6665		68. NICKNAMES/ALIAS		69. HEIGHT 600		70. WEIGHT 270	
71. HAIR GRA		72. EYES BLU		73. MARITAL STATUS S		74. RACE/ETH. W/N	
75. SEX M		76. DOB 6/15/43		77. AGE 56		78. RES. STAT. R	
79. OFF. CODE 045		80. TYPE ARREST		81. DATE OF ARREST		82. ARMED WITH	
83. GYN/NON-TRAFFIC CT. 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 01	
87. VIC. NO. REL 341-34-5401		88. SSN W-420-745-080-447		89. OLN STATE		90. BIRTHPLACE	
91. EMPLOYER/SCHOOL Unemployed		92. MISC. NO.		64. <input type="checkbox"/> ACCUSED <input type="checkbox"/> SUSPECT			
65. OFFENDER NO. 2 NAME:		66. ADDRESS		67. HOME PHONE			
68. NICKNAMES/ALIAS		69. HEIGHT		70. WEIGHT		71. HAIR	
72. EYES		73. MARITAL STATUS		74. RACE/ETH.		75. SEX	
76. DOB		77. AGE		78. RES. STAT.		79. OFF. CODE	
80. TYPE ARREST		81. DATE OF ARREST		82. ARMED WITH		83. GYN/NON-TRAFFIC CT. 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		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 RICHTER. 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 RICHTER residence and stood outside the window of Dale RICHTER's bedroom. MORGAN stated that he heard WELCH yelling at Dale and saw and heard WELCH slap Dale RITCHER. MORGAN returned to his residence which is just behind the RICHTER 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 RICHTER residence and stood outside Dale's bedroom window. Again, the group saw and heard WELCH yelling at and slapping Dale RICHTER. 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 RICHTER 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. INVS. RECM. <input checked="" type="checkbox"/> CONT. <input type="checkbox"/> TERM.		96. SUBV. INIT/BADGE NO. 12577	
97. <input checked="" type="checkbox"/> CONCUR <input type="checkbox"/> NONCONCUR				98. PAGE 02			

STATION

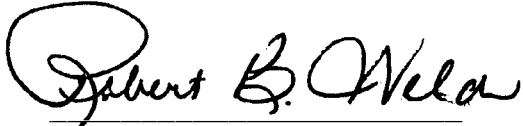
SP 7-0051 (3-98) PENNSYLVANIA STATE POLICE CONTINUATION SHEET <input checked="" type="checkbox"/> SUPPLEMENTAL INVESTIGATION REPORT <input type="checkbox"/>		REPORT TYPE <input checked="" type="checkbox"/> INCIDENT <input type="checkbox"/> OTHER		DATE(S)/DAY(S) OF INCIDENT 01-09-00 / Sunday		INCIDENT NO. C01-0624817	
		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"/> STATEMENT FORM(S) <input type="checkbox"/> VICTIM/WITNESS ASSISTANCE GUIDE RECEIPT <input type="checkbox"/> RIGHTS WARNING AND WAIVER <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 D <input type="checkbox"/> VICTIM REFUSED TO COOPERATE B <input type="checkbox"/> PROSECUTION DECLINED E <input type="checkbox"/> JUVENILE/NO CUSTODY C <input type="checkbox"/> EXTRADITION DENIED N <input type="checkbox"/> NOT APPLICABLE <input type="checkbox"/> MULTIPLE CLEAR-ALL			
1. ORI/STATION PAPSP7000/PUNXSUTAWNEY						2. DATE OF REPORT 1/17/00	
3. OFFENSE SIMPLE ASSAULT						4. VICTIM RICHTER	
5. NARRATIVE <p>I first checked on Dale RICHTER who was laying in bed. RICHTER suffers from Alzheimer's disease and is unable to speak or communicate. RICHTER did not show signs of recent injury, but his arms were covered with bruises. RICHTER seemed to be having a hard time breathing.</p> <p>Mahaffey Ambulance personnel arrived at the scene and attended to RICHTER. RICHTER was treated at the scene and was then transported to the Punxsutawney Hospital.</p> <p>I was being assisted at the scene by Cpl. William TANGREN. I had Cpl. TANGREN secure the accused while I conducted interviews.</p> <p>I first spoke with RICHTER'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 RICHTER 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 RICHTER 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 RITCHER 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.</p> <p>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.</p> <p>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.</p>							
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. [Signature] 5773	
				9. CONCUR <input checked="" type="checkbox"/> CONCUR <input type="checkbox"/> NONCONCUR		10. PAGE 03	

STATION

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

FILED

MAY 31 2000
0/12:35/WS
William A. Shaw
Prothonotary

LCR 70 PLFF.

EKB

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

ROBERT B. WELCH

:

-vs-

:

No. 00 - 367 - CD

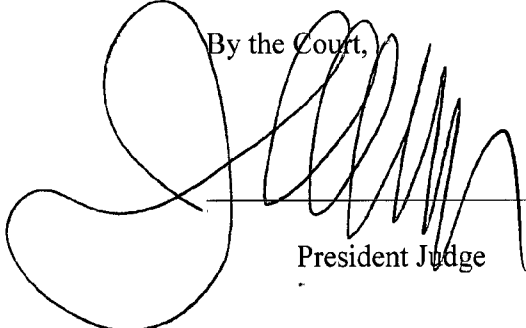
BARBARA RICHTER WADDING

:

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

013:4111
William A. Shaw
Prothonotary

cc ethy kuklausk

cc P4.27



ROBERT B. WELCH

Plaintiff/Appellant

Vs

District Justice Appeal
CASE NO. 00367 C.D.

BARBARA RICHTER WADDING

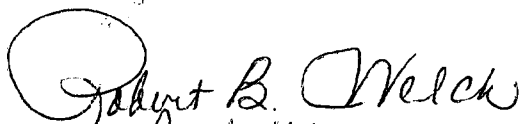
Defendant/Appellee

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.
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.


THE PLAINTIFF
ROBERT B. WELCH.

FILED

AUG 21 2000
01:53:30 PM
William A. Shaw
Prothonotary

926

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

Ux 9

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

ROBERT B. WELCH,
Plaintiff

vs.

BARBARA RICHTER WADDING,
Defendant

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No. 00-367 C.D.

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.

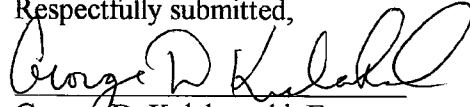
FILED

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, Esq.

FILED

SEP 28 2000

M/O:46/118<
William A. Shaw
Prothonotary

hes

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

ROBERT B. WELCH,
Plaintiff

VS.

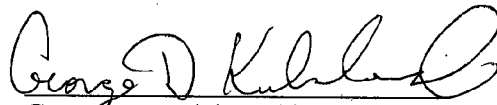
BARBARA RICHTER WADDING,
Defendant

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:

No. 00-367 C.D.

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.

BARBARA RICHTER WADDING,
Plaintiff

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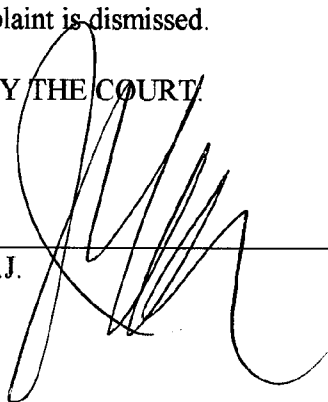
No. 00-367 C.D.

ORDER

AND NOW, this 24th 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

OCT 02 2000

William A. Shaw
Prothonotary

NOT RECORDED

FILED

MCT 02 2000

William A. Shaw
Prothonotary

ES

CP

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

ROBERT B. WELCH
Plaintiff

vs.

BARBARA RICHTER WADDING
Defendant

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No. 00-367 C.D.

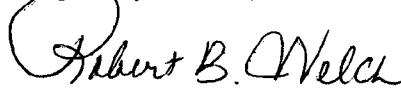
MOTION FOR APPEAL

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

FILED

OCT 03 2000
m/2:45/WR
William A. Shaw
Prothonotary
NO C/C

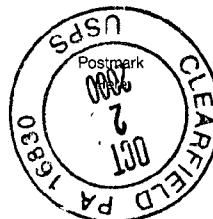


2562 9292 9100 004E 6602

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

--	--

Postage	\$	33
Certified Fee		1 46
Return Receipt Fee (Endorsement Required)		1 25
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	
PUNISUTAWNEO Pa.	15167

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 COMMON 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

Rbw:kp



00-367-00

RP3 Brdth
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. 00367C.D. - Welch vs Wadding.

Robert B. Welch

Thank you.

FILED

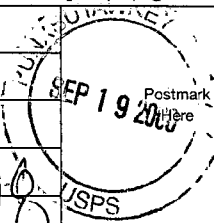
OCT 09 2000
O/ 8:30/11

William A. Shaw
Prothonotary

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

7099 3400 0015 4337 7970

Postage	\$	
Certified Fee		
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$	29.00



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

Robert B. Welch
Street, Apt. No., or PO Box No.
RR3 Bx 244
City, State, ZIP+4
Brookville Pa 15825

PS Form 3800, February 2000 Edition 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:

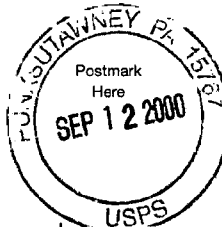
- Certified Mail may ONLY be combined with First-Class Mail or Priority Mail.
- Certified Mail is *not* available for any class of international mail.
- NO INSURANCE COVERAGE IS PROVIDED with Certified Mail. For valuables, please consider Insured or Registered Mail.
- For an additional fee, a *Return 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.

7099 3400 0015 4334 6587

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

Postage	\$ 2.33
Certified Fee	1.40
Return Receipt Fee (Endorsement Required)	1.25
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 2.98



Recipient's Name (Please Print Clearly) (to be completed by mailer)
BARBARA RICHTER Wadding
Street, Apt. No., or PO Box No.
Rd 2 Box 66A
City, State ZIP+4
Middletown Pa 15757

PS Form 3800, February 2000 Edition PSN 7530-02-000-9000 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.
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IMPORTANT: Save this receipt and present it when making an inquiry.

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:

George Kulakowski
220 W. Mahoning St
PUNXSUTAWNEY
PA
15767

2. Article Number (Copy from service label)

7970

PS Form 3811, July 1999

Domestic Return Receipt

102595-00-M-0952

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly)

B. Date of Delivery

C. Signature

☐ Agent
☐ Addressee

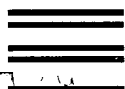
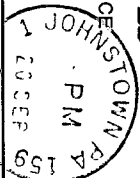
D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

3. Service Type

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

4. Restricted Delivery? (Extra Fee) ☐ Yes

UNITED STATES POSTAL SERVICE

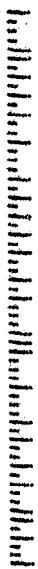


First-Class Mail
Postage & Fees Paid
USPS
Permit No. G-1017

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

Bobby Welch
RA3. Bx244
Brookville Pa
15825

55235/2707



**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: Barbara Richter Wadding
(Defendant)

Date of Notice: 11 September 2000

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)

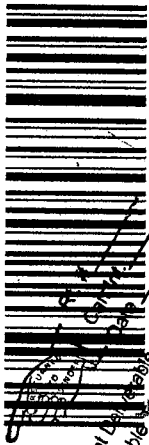
Arthur B. Nelson
(Signature of Plaintiff
or Attorney)

RR3 Box 244
(Address)

Brookville Pa
15825

CERTIFIED MAIL

B. Welch
RR 3 Box 244
Brookville, PA 15825



0015 4334 6587

U.S. POSTAGE
PAID
PUNKSUTTAWAY PA, PA
SEP 12 1987
AMOUNT
\$2.98
00062213-04
0000

- ☐ Not Deliverable As Addressed
- ☐ Unable to Forward
- ☐ Insufficient Address
- ☐ Moved - New Address
- ☐ Unclaimed
- ☐ Attempted - No Address
- ☐ No Street Name
- ☐ Vacant
- ☐ No Mail Recipient
- ☐ Box Closed
- ☐ Return to Sender
- ☐ Package Due

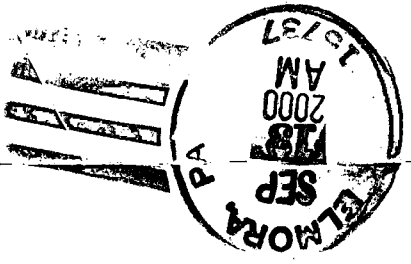
9/14/87

Barbara Wadding
Rd. 2 Box 61-17
Punkstutaway PA
1575

RECEIPT
REQUESTED

Send to C.K. Welch
Punkstutaway PA

Noted
ms
9-15-87



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 61-A
Makoffey Pa. 15757

2. Article Number (Copy from service label)

7099 3400 0015 Y3Y 6587

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) B. Date of Delivery

C. Signature

D. Is delivery address different from item 1? ☐ Yes ☐ No
If YES, enter delivery address below:

3. Service Type:

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

4. Restricted Delivery? (Extra Fee) ☐ Yes

ROBERT B. WELCH

Plaintiff/Appellant

Vs

BARBARA RICHTER WADDING

Defendant/Appellee

District Justice Appeal
CASE NO. 00367 C.D.

Type of Pleading:
COMPLAINT

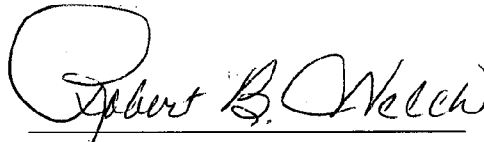
MOTION FOR APPEAL

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

FILED

DEC 11 2000

m/2:30/ww
William A. Shaw
Prothonotary

No C/L.



ROBERT B. WELCH

Plaintiff/Appellant

Vs

BARBARA RICHTER WADDING:

Defendant/Appellee

District Justice Appeal
CASE NO. 00367 C.D.

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.
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.

IN THE COURT OF COMMON PLEAS CLEARFIELD COUNTY,
PENNSYLVANIA

ROBERT B. WELCH
Plaintiff/Appellant

:
:
:

VS.

DISTRICT JUSTICE APPEAL
CASE NO. 00367-CD

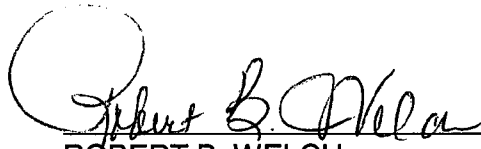
:
:

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

019:541/cc atty Kulakowski
William A. Shaw
Prothonotary

cc pg. Welch

Expt

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.

BARBARA RICHTER WADDING,
Defendant

:
:
:
:
:
:
:

NO. 00-367-CD

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, 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.

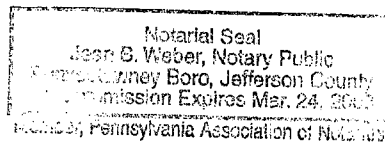
2/8/01
Date

George D. Kulakowski
George D. Kulakowski, Esq.

Sworn to and subscribed

Before me this 8th day of
February, 2001.

Jean B. Weber



FILED

FEB 09 2001

mlb-as/ke atty

William A. Shaw

Prothonotary

W. Kulakowski
[Signature]

GA

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

ROBERT B. WELCH
plaintiff

VS.

BARBARA RICHTER WADDING
defendant

C.D. NO 00367-CD

CIVIL DIVISION

FILED

APR 03 2001

William A. Shaw
Prothonotary

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

ROBERT B. WELCH
Plaintiff

N0.00367-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.

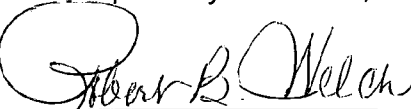
Defendant has no right to ever say that the Plaintiff ever physically
attacked her father. He has proof from the Caseworker and the Home Health
Nurses of the kind of care he gave both of her parents.

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.

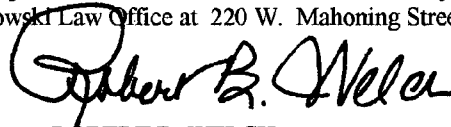
BARBARA RICHTER WADDING
DEFENDANT/APPELLEE

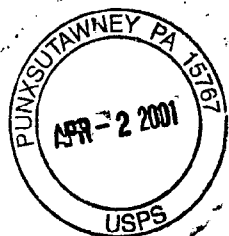
DISTRICT Justice Appeal

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
11:21 AM
William A. Shaw
Prothonotary
EWS

CP

**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

vs.

BARBARA RICHTER WADDING,
Defendant

C.D. NO. 00-367-CD

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

vs.

BARBARA RICHTER WADDING,
Defendant


C.D. NO 00-367-CD

CONSENT TO WITHDRAWAL

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

Date:

FILED
CLERK OF COURT
CLEARFIELD COUNTY
PA
JUN 11 2009



Barbara Richter Wadding

FILED

MAR 14 2002

011201072

William A. Shaw
Prothonotary



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

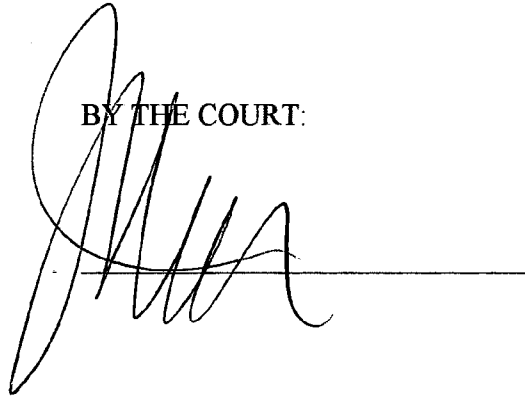
vs.

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

013:44
MAR 19 2002

ics
Atty KulaKowski

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 plf. Pro Se

William A. Shaw

Prothonotary

1cc atty Kula Kowalski
E
net



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-~~8889~~ 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

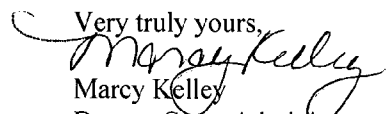
Dear Mr. Welch & Ms. Wadding:

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
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: 1-814-765-8889 *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
Deputy Court Administrator

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

FILED

010:25-281
MAY 16 2002

William A. Shaw
Prothonotary

SENDER: COMPLETE

1. Article Addressed to:

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

2. Article Number (Copy from service label)

7000 0600 0023 6397 9958

PS Form 3811, July 1999

Domestic Return Receipt

102595-00-M-0952

3. Service Type

☒ Certified Mail

☐ Express Mail

☐ Registered

☐ Return Receipt for Merchandise

☐ Insured Mail

☐ C.O.D.

4. Restricted Delivery? (Extra Fee)

☐ Yes

5. Date of Delivery

MAY 13

6. Signature



7. Is delivery address different from item 1?

☐ Yes

☒ No

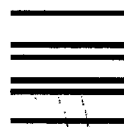
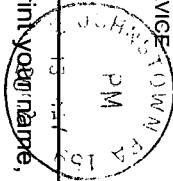
8. Attach this card to the back of the mailpiece, or on the front if space permits.

9. Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.

10. Print your name and address on the reverse so that we can return the card to you.

11. Attach this card to the back of the mailpiece, or on the front if space permits.

UNITED STATES POSTAL SERVICE



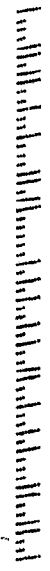
First-Class Mail
Postage & Fees Paid
USPS
Permit No. G-10

• 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

Mc/Asb

585042299



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:

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

PLACE STICKER ON TOP OF ENVELOPE OR FRONT OF BOX TO RETURN ADDRESS

A. Received by (Please Print Clearly)	B. Date of Delivery
<i>Barbara Richter</i>	
C. Signature	
<i>[Signature]</i>	<input type="checkbox"/> Agent <input type="checkbox"/> Addressee
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 9941

PS Form 3811, July 1999

Domestic Return Receipt

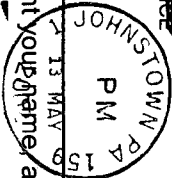
102595-00-M-0952

UNITED STATES POSTAL SERVICE

• 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

MM/19/05



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

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.

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

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

Sworn to and subscribed before me this
July 24, 2002

William A. Shaw
Prothonotary

JUL 24 2002

AWARD OF ARBITRATORS

Now, this 24 day of July, 2002, we the undersigned arbitrators appointed in 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 \$928.98. Defendant reduced her counterclaim to \$20,000. - the counterclaim is denied. Plaintiff is also awarded court costs.

Peter 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
By *William A. Shaw*

[Handwritten signature]

FILED

No. 02

013:5384
JUL 24 2002

Notice to Welch, Wadding

~~008~~ William A. Shaw
Prothonotary

[Handwritten signature]

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

COPY

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

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

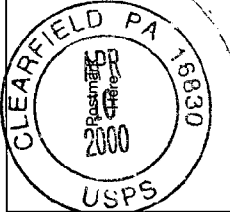
Date

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; No Insurance Coverage Provided)

Article Certified 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)
Barbara K. White Walden

Street, Apt., No., or PO Box No.
Box 91-7

City, State, Zip
Clearfield Pa 15227

PS Form 3800, July 1999 See Reverse for Instructions

7099 3400 0046 6602
 2592 6652 2000 0046 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 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.

PS Form 3800, July 1999 (Reverse)

102595-99-M-2087

COMPLAINT
IN THE COURT OF COMMON PLEAS CLEARFIELD COUNTY,
PENNSYLVANIA

<u>ROBERT B. WELCH</u>	:	
Plaintiff/Appellant	:	
	:	District Justice Appeal
vs	:	CASE NO.00367 C.D.
	:	
<u>BARBARA RICHTER WADDING</u>	:	Type of Pleading:
Defendant/Appellee	:	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)

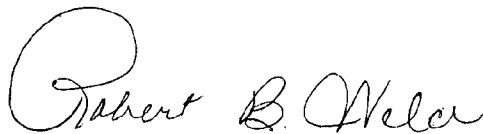
*After 20 days
then
10 days.*

*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.

A handwritten signature in cursive script, reading "Robert B. Welch". The signature is written in dark ink and is positioned above a horizontal line.

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 definet. May 3, 2000



Peter F. Smith., Esquire
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 STATUTES

ROBERT B. WELCH

-VS-

BARBARA RICHTER WADDING

NO.00-367-CD

WITNESS FOR
ROBERT B. WELCH

MARILYN HOOVER
EILEEN ANTHONY
~~SHIRLEY BEZELLA R.N.~~
~~FAY BINGHMAN R.N.~~

DORIS SPENCER...VOLUNTEER AIDE



Harrisburg, PA 17120

DEPARTMENT OF
LABOR & INDUSTRY
COMMONWEALTH OF PENNSYLVANIA

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

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:

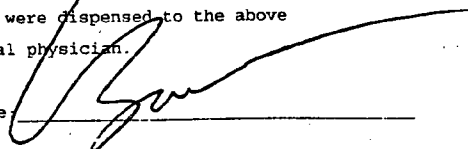
ECKERD DRUGS #6177
 PUNXY PLAZA W MAHONING S
 Punxsutawney PA 15767
 License #

Date	Rx No.	Ref. No.	Drug Name	Unit	NDC	Qty	Sup	Day	Doctor Name	R.Ph. Init.	Third Party Authorization	Patient Pays
07/02/99	6460866	00	CEFTIN 250MG/SML	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			1.00
07/22/99	6464271	00	BACLOFEN 10MG TAB	TA	00172-4096-60	45.000	30	Dr.Bizousky	JG	920372456201		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			1.00
08/03/99	7466343	00	Gauze Pads 4 By 4	EA	73913-1177-81	100.000	10	Dr.Bizousky	AMD			1.00
08/11/99	6467818	00	DUPHALAC SYR	ML	00032-1602-78	473.000	8	Dr.Bizousky	JG	922372509601		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
09/16/99	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 OPTH 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			1.00
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			1.00
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		1.00

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: 

PATIENT HISTORY

Page 1

06/18/99 TO 01/08/00

DOROTHY RICHTER
RD2 Bx61A
Mahaffey PA 15757
(814)277-4540
Birthdate: 01/06/27 Sex: F
Social Security No:

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

Date	Rx No.	Ref. No.	Drug Name	Unit	NDC	Dispensed Qty	Day Sup	Doctor Name	R.Ph. Init.	Third Party Authorization	Patient Pays
07/12/99	7441015	01	SODIUM BICARB 650MG TABL	TA	00536-4544-10	100.000	100	Dr. Bizousky	GLB	919373065801	1.00
07/23/99	6441014	02	BENZTROPINE 0.5MG TABS	TA	62269-0208-24	60.000	30	Dr. Bizousky	JG	920470465301	.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	924170633101	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	ML	00469-2720-20	5.000	30	Dr. Bizousky	AMD	925972163701	.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	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

Pro Se

VS

Barbara L. Wadding
Defendant

Pro Se

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

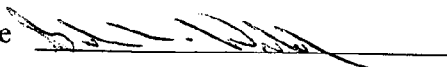
Robert was hired by the family as a caregiver for Dale L. Richter Sr.
Robert B. Welch did not do the job he was hired to do in late Dec and early Jan, 2000
Robert was charged , in a case resulting in Mr Richter being hurt by Robert.
Dale L. Richter died Jan 20, 2002 a few days after he was hurt.

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, Danuiel 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

ORDER

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.


Prothonotary/
Clerk of Courts

CA

COURT ADMINSTRATOR 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

COURT ADMINISTRATOR'S
OFFICE

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-

BARBARA RICHTER WADDING

NO.00-367-CD

WITNESS FOR
ROBERT B. WELCH

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

DORIS SPENCER...VOLUNTEER AIDE

01-Jul-00

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

Page 1

06/18/99 TO 01/08/00

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

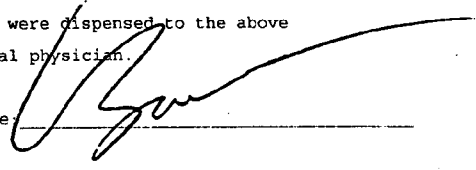
ECKERD DRUGS #6177
PUNKY PLAZA W MAHONING S
Punxsutawney PA 15767
License #

Date	Rx No.	Ref. No.	Drug Name	Unit	NDC	Dispensed Qty	Day Sup	Doctor Name	R. Ph. Init.	Third Party Authorization	Patient Pays
07/02/99	6460866	00	CEFTIN 250MG/5ML	ML	00171-0555-00	100.000	5	Dr. Bizousky	JG	918372673101	1.00
07/19/99	7463555	00	DUODERM CGF 4"X4" DRESSI	EA	00001-1876-60	5.000	5	Dr. DANIELS	AMD		1.00
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		1.00
09/03/99	7466343	00	Gauze Pads 4 By 4	EA	73913-1177-81	100.000	10	Dr. Bizousky	AMD		1.00
08/11/99	6467818	00	DUPHALAC SYR	ML	00032-1602-78	473.000	8	Dr. Bizousky	JG	922372509601	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
09/16/99	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 OPTH 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		1.00
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	927772893301	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		1.00
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	1.00

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: 24⁰⁰

PATIENT HISTORY

Page 1

01-Jul-00

06/18/99 TO 01/08/00

DOROTHY RICHTER
RD2 Bx61A
Mahaffey PA 15757
(814) 277-4540
Birthdate: 01/06/27 Sex: F
Social Security No:

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

Copay

Date	Rx No.	Ref. No.	Drug Name	Unit	NDC	Dispensed Qty	Day Sup	Doctor Name	R.Ph. Init.	Third Party Authorization	Patient Pays
07/12/99	7441015	01	SODIUM BICARB 650MG TABL	TA	00536-4544-10	100.000	100	Dr. Bizousky	GLB	919373065801	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	924170633101	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	ML	00469-2720-20	5.000	30	Dr. Bizousky	AMD	925972163701	.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	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

17.00

RICHTER,DOROTHY
STORE PHONE 814-765-784

Copay

DATE RX# DRUG (ITEM) Name Qty PRESCRIPTION PRICE PR T
N/R NDC# MFG# D/S DEA# GEN IND.

12/27/99 16205783 SODIUM BICARB 650M 30TAB CHAMBERS,MD 1.00 COPAY
NEW 00002-2029-02 30DAYS BC2425800 BRAND
12/27/99 16205732 K-DUR 20 MED TABLET 30TAB CHAMBERS,MD 1.00CO-PA'
NEW 00085-0/87-01 30 DAYS BC2425800 BRANC
01/05/05/00 16206608 DETROL 2MG TABLET 60TAB YUNUS,S 1.00 COPA
NEW 00536-4106-08 30DAYS BYE425675 GENEF
01/05/00 16206608 DETROL 2MG TABLET 60TAB YUNUS,S. 1.00 COPA'
NEW 00009-4544-02 30DAYS BY5425675 BRANI
01/05/00 16206607 BENZTROPINE 0.5 MG 60TAB YUNUS,S. .00 COPA
NEW 62269-0208-24 30DAYS BY5425675 GENERI

4.00 TOTAL

400



Harrisburg, PA 17120

DEPARTMENT OF
LABOR & INDUSTRY
COMMONWEALTH OF PENNSYLVANIA

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	
		CHANGE:	\$.00	
MANUAL RECEIPT#:		NEXT PAYMENT AMOUNT:			
CITATION#:		NEXT PAYMENT DATE:			
COSTS INCLUDED ON:		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		

RECVD FROM WELCH, ROBERT B
THANK YOU! CS

Court Cost

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**
NAME and ADDRESS
**R.R.3 BOX 244
BROOKVILLE, PA 15825**

VS.

DEFENDANT: **WADDING, BARBARA**
NAME and ADDRESS
**BETHELEM HILL RD., BOX 95
MAHAFFEY, PA 15757**

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 46-3-04 430 SPRING STREET P.O. BOX 362 HOUTZDALE, PA 16651-0362
Time: 9:30 AM	

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**

OF:

No.:

Name: Hon.

Address:

Telephone:

DISTRICT Judge 46-3-04
JAMES L. HAWKINS
430 SPRING STREET. SUITE 3
P.O. Bx 362
HOUTZDALE, PA. 16651
(814) 378-7160

DEFENDANT

Small Claims Court.
NAME and ADDRESS

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

PLAINTIFF

NAME and ADDRESS

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

814-938-9712

Docket No.: CV 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 6 wks.
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 unsworn 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

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

NOTICE OF INTENT TO DEFEND

PLAINTIFF: NAME and ADDRESS
**WELCH, ROBERT B
R.R.3 BOX 244
BROOKVILLE, PA 15825**

VS.

DEFENDANT: NAME and ADDRESS
**WADDING, BARBARA
BETHELEM HILL RD., BOX 95
MAHAFFEY, PA 15757**

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



HEARING: **CIVIL ACTION HEARING**

Date: 02/24/00	Place: DISTRICT COURT 46-3-04 430 SPRING STREET P.O. BOX 362 HOUTZDALE, PA 16651-0362
Time: 9:30 AM	

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: NAME and ADDRESS
WELCH, ROBERT B
R.R.3 BOX 244
BROOKVILLE, PA 15825

VS.
DEFENDANT: NAME and ADDRESS
WADDING, BARBARA
BETHELEM 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

☒ 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	\$ <u>675.85</u>
Judgment Costs	\$ <u>56.00</u>
Interest on Judgment	\$ <u>.00</u>
Attorney Fees	\$ <u>.00</u>
Total	\$ <u>731.85</u>
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 *[Signature]*, 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

<u>ROBERT B. WELCH</u>	:	
Plaintiff/Appellant	:	
	:	District Justice Appeal
vs	:	CASE NO.00367 C.D.
	:	
<u>BARBARA RICHTER WADDING</u>	:	Type of Pleading:
Defendant/Appellee	:	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)

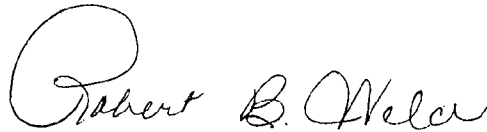
*After 20 days
then
10 days.*

*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.

A handwritten signature in cursive script, reading "Robert B. Welch". The signature is written in dark ink and is positioned above a horizontal line.

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 definet. May 3, 2000

