

01-589-CD
PHILIPSBURG HOSPITAL -vs- RONALD J. GEARHART et al

COMMONWEALTH OF PENNSYLVANIA
COUNTY OF: **CENTRE**

Mag. Dist. No.: **49-3-03**
DJ Name: Hon. **ALLEN W. SINCLAIR**
Address: **126 N. SECOND STREET**
P.O. BOX 95
PHILIPSBURG, PA
Telephone: **(814) 342-4557** **16866**

PHILIPSBURG HOSPITAL
P.O. BOX 686
C/O KEYSTONE CREDIT COLL.
LOCK HAVEN, PA 17745

NOTICE OF JUDGMENT/TRANSCRIPT
CIVIL CASE

PLAINTIFF: **PHILIPSBURG HOSPITAL**
P.O. BOX 686
C/O KEYSTONE CREDIT COLL.
LOCK HAVEN, PA 17745
VS.
DEFENDANT: **GEARHART, RONALD J., ET AL.**
R.R. 1, BOX 598
HOUTZDALE, PA 16651

Docket No.: **CV-0000022-01**
Date Filed: **2/09/01**



THIS IS TO NOTIFY YOU THAT:
Judgment:

☒ Judgment was entered for: (Name) **PHILIPSBURG HOSPITAL**

☒ Judgment was entered against: (Name) **GEARHART, SANDRA M.**
in the amount of \$ **2,559.62** on:

(Date of Judgment) **2/23/01**

(Date & Time)

☐ Defendants are jointly and severally liable.

☐ 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:

Date: _____ Place: _____
Time: _____

Amount of Judgment	\$ 2,485.62
Judgment Costs	\$ 74.00
Interest on Judgment	\$.00
Attorney Fees	\$.00
Total	\$ 2,559.62
Post Judgment Credits	\$ _____
Post Judgment Costs	\$ _____
Certified Judgment Total	\$ _____

FILED
APR 26 2001

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.

2-23-01 Date _____

I certify that this is a true and correct copy of the record of the proceedings containing the judgment.
4-17-01 Date _____

_____, District Justice

_____, District Justice

My commission expires first Monday of January, **2006**

AOPC 315-99

SEAL

COMMONWEALTH OF PENNSYLVANIA
COUNTY OF: **CENTRE**

Mag. Dist. No.: **49-3-03**
DJ Name: Hon. **ALLEN W. SINCLAIR**
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R.R. 1, BOX 598
HOUTZDALE, PA 16651

Docket No.: **CV-0000022-01**
Date Filed: **2/09/01**



THIS IS TO NOTIFY YOU THAT:

☒ Judgment was entered for: (Name) **DEFAULT JUDGMENT PLTF 01-589-00**
☒ Judgment was entered against: (Name) **PHILIPSBURG HOSPITAL**
in the amount of \$ **2,559.62** on: (Date of Judgment) **2/23/01**

☐ Defendants are jointly and severally liable.
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☐ This case dismissed without prejudice.

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Time:

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Certified Judgment Total	\$

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2-23-01 Date _____, District Justice
I certify that this is a true and correct copy of the record of the proceedings containing the judgment.
4-17-01 Date _____, District Justice

My commission expires first Monday of January,
AOPC 315-99

2006

SEAL

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COUNTY OF: **CENTRE**

Mag. Dist. No.: **49-3-03**
DJ Name: Hon. **ALLEN W. SINCLAIR**
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LOCK HAVEN, PA 17745

Docket No.: **CV-0000022-01**
Date Filed: **2/09/01**



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Certified Judgment Total	\$ _____

FILED
APR 26 2001

Date:	Place: William A. Shaw Prothonotary
Time:	

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2-23-01 Date **[Signature]**, District Justice

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4-17-01 Date **[Signature]**, District Justice

My commission expires first Monday of January,

2006

SEAL

COMMONWEALTH OF PENNSYLVANIA
COUNTY OF: **CENTRE**

Mag. Dist. No.: **49-3-03**

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in the amount of \$ **2,559.62** on: (Date of Judgment) **2/23/01**

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

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2-23-01 Date **[Signature]**, District Justice

I certify that this is a true and correct copy of the record of the proceedings containing the judgment.
4-17-01 Date **[Signature]**, District Justice

My commission expires first Monday of January, **2006**

SEAL

KEYSTONE CREDIT COLLECTIONS



124½ East Main Street • P.O. Box 686
LOCK HAVEN, PA 17745
Phone (570) 748-2981 • In PA Call 1-800-826-4050
FAX (570) 748-6718



Member of Trans Union and Experian Credit Bureau Reporting

April 24, 2001

Clearfield County Court House
Prothonotary Office
PO Box 549
Clearfield, PA 16830

Dear Sir:

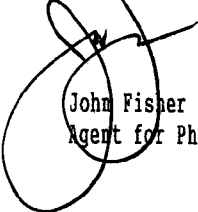
Please enter the enclosed in judgment.

Check enclosed to cover entry fees.

Send judgments to:

Keystone Credit Collections
P.O. Box 686
Lock Haven, PA 17745

Thank you,


John Fisher
Agent for Philipsburg Area Hospital

JF/jm

Enclosure

KEYSTONE CREDIT COLLECTIONS



AMERICAN COLLECTORS
association member

124½ East Main Street • P.O. Box 686
LOCK HAVEN, PA 17745
Phone (570) 748-2981 • In PA Call 1-800-826-4050
FAX (570) 748-6718



Member of Trans Union and Experian Credit Bureau Reporting

April 24, 2001

01-589-CD

Ron Gearhart
RR 1 Box 598
Houtzdale, PA 16651

Re: Our DB # 25331

Dear Mr. and Mrs. Gearhart:

You are hereby notified that judgment has been entered against your property by Philipsburg Area Hospital.

Amount of Judgment

\$ 2485.62 plus costs

Interest will be accrued as provided by law on District Justice judgments.

If you fail to pay the judgment, you could loose valuable property. Thirty (30) days after judgment is entered, the creditor has the right to execute this judgment by Sheriff Sale.

Sincerely,

John Fisher
Agent for Philipsburg Area Hospital

JF/jm

COPY

IN THE COURT OF COMMON PLEAS OF CLEARFIELD COUNTY,
PENNSYLVANIA
STATEMENT OF JUDGMENT

Philipsburg Hospital/Keystone Credlit
Plaintiff(s)

No.: 2001-00589-CD

Real Debt: \$2,559.62

Atty's Comm:

Vs.

Costs: \$

Int. From:

Ronald J. Gearhart
Sandra M. Gearhart
Defendant(s)

Entry: \$20.00

Instrument: DJ Judgment

Date of Entry: April 26, 2001

Expires: April 26, 2006

Certified from the record this 26th of April, 2001.

William A. Shaw, Prothonotary

SIGN BELOW FOR SATISFACTION

Received on _____, _____, of defendant full satisfaction of this Judgment, Debt,
Interest and Costs and Prothonotary is authorized to enter Satisfaction on the same.

Plaintiff/Attorney

FILED

APR 26 2001

[Signature]
William A. Shaw
Prothonotary

Stem. Credit

PD \$20.00

not. to Dy.

Statement to Ath