

03-1052-CD
LINDA L. WETTOISH, et al. vs. DONNA L. SCOTT

Date: 02/27/2004

Clearfield County Court of Common Pleas

User: BHUDSON

Time: 12:48 PM

Page 1 of 1

ROA Report

Case: 2003-01052-CD

Current Judge: No Judge

Linda Weitoish, Harold J. Muir vs. Donna L. Scott

District Justice Appeal

Date

Judge

07/18/2003	Filing: IFP Petition (District Justice Appeal) Paid by: Weitoish, Linda (plaintiff) Receipt number: 1863248 Dated: 07/18/2003 Amount: \$0.00 (Cash)	No Judge
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APPENDIX B

IN THE COURT OF COMMON PLEAS OF Clearfield COUNTY, PENNSYLVANIA

Linda L. Weitoish & Harold J. Muir Jr.
4737 Clearfield/Woodland Hwy.
Clearfield PA 16830
Plaintiff

NO.

2003-1052-cp

vs. Donna L. Scott.
 206 Turnpike Ave.
 Clearfield, PA 16830

Defendant

PETITION TO PROCEED IN FORMA PAUPERIS and AFFIDAVIT

1. I am the Defendant in the above matter and because of my financial condition I am unable to pay the fees and costs of prosecuting or defending the action of proceeding.
2. I am unable to obtain funds from anyone, including my family and associates, to pay the costs of litigation.
3. I represent that the information in the attached Affidavit relating to my ability to pay the fees and costs are true and correct.

WHEREFORE, I request that the Court permit me to proceed in the referenced case in forma pauperis.

I, F. P.
w/ D.J. appear to C/A

Linda L. Weitoish Harold J. Muir Jr.
Defendant
print or type your name
address
telephone number

4737 Clearfield/Woodland Hwy.
Clearfield, PA 16830

814-857-7188

FILED
JUL 18 2003
William A. Shaw
Prothonotary

To whom it may concern, 7-17-03

I am applying for a late appeal due to unknown knowledge of my rights before hand. I was unaware of the fact that there is an IFP Petition (In forma Pauperis). A form which can be filled out for people like myself and Mr. Harold J. Muir Jr. who are on limited income. I believe I have the right to appeal and try to defend myself in this matter. I also have the right to see any evidence brought against myself and Mr. Muir in which I was not shown after asking. I myself had asked twice and so had Mr. Muir.

Thank You

Linda J. Weitosh

Linda J. Weitosh

Harold J. Muir Jr

Harold J. Muir Jr

APPENDIX B

IN THE COURT OF COMMON PLEAS OF Clearfield COUNTY, PENNSYLVANIA

Linda L. Weitoish ; Harold J. Muir Jr.
4737 Clearfield/Woodland Hwy.
Clearfield PA 16830
Plaintiff

NO.

2003 - 1052-cp

vs. Donna L. Scott.
 206 Turnpike Ave.
 Clearfield, PA 16830

Defendant

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3. I represent that the information in the attached Affidavit relating to my ability to pay the fees and costs are true and correct.

WHEREFORE, I request that the Court permit me to proceed in the referenced case in forma pauperis.

FILED

JUL 18 2003 (FWS)
07:10 AM

William A. Shaw
Prothonotary
no CFS

Linda L. Weitoish Harold J. Muir Jr.
Defendant

print or type your name
address
telephone number

4737 Clearfield/Woodland Hwy.
Clearfield, PA 16830

814-857-7188

IN THE COURT OF COMMON PLEAS OF Clearfield COUNTY, PENNSYLVANIA

Linda L. Weitoish ; Harold J. Muir Jr.
4737 Clearfield/Woodland Hwy.
Clearfield PA 16830
Plaintiff

Case Number _____

vs. Donna L. Scott
 206 Turnpike Ave.
 Clearfield, PA 16830

Defendant

AFFIDAVIT IN SUPPORT OF PETITION
FOR LEAVE TO PROCEED IN FORMA PAUPERIS

1. I am the defendant in the above matter and because of my financial condition am unable to pay the fees and costs of prosecuting, defending, or appealing the action or proceeding.
2. I am unable to obtain funds from anyone, including my family and associates, to pay the costs of litigation.
3. I represent that the information below relating to my ability to pay the fees and costs is true and correct.

(a) Name: Linda L. Weitoish ; Harold J. Muir Jr.

Address: 4737 Clearfield/Woodland Hwy.

Clearfield, PA 16830

(myself)

(Mr. Muir's)

Social Security Number: 127-56-3998 - 192-418-9627

(b) If you are presently employed, state

Employer: _____

Address: _____

Salary or wages per month: _____

Type of work: _____

If you are presently unemployed, state

Date of last employment: None (myself) (mr. muir July 2000)

Salary or wages per month: 16.50 hrly

Type of work: _____

(c) Other income within the past twelve months

Business or profession: none

Other self-employment: none

Interest: none

Dividends: none

Pension and annuities: none

Social Security benefits: SSI 579.40 (1-1-03 till present) (572.40 1-1-02 - 12-31-02)
myself

Support payments: none

Disability payments: 1452 (mr. muir)

Unemployment compensation and supplemental benefits: _____

Worker's compensation: _____

Public Assistance: \$175 cash monthly until Aug. 2002
monthly (poss. all 2001)

Other: _____

(d) Other contributions to household support

(Wife)(Husband) Name: _____

If your (husband) (wife) is employed, state

Employer: _____

Salary or wages per month: _____

Type of work: _____

Contributions from children: _____

(e) Property owned

Cash: _____

Checking Account: \$100.00

Savings Account: ~~\$100~~ \$15.99

Certificate of Deposit: none

Real Estate (including home): _____

Motor vehicle: Make Ria Ria Year 2001

Cost _____ Amount owed none

Owned by
Dave Weitoish Sr.

Stocks: bonds: _____

Other: _____

(f) Debts and obligations

Renting to own Mortgage: _____

Rent: 640\$ monthly

Loans: Ford Credit Dave Weitoish \$13,500

Monthly Expenses: brick bills (elect. phone)

Hel Peditget
carins.
car loan
Stereo equi.
buying
tv. VCR
from

(g) Persons dependant upon you for support

(Wife)(Husband) Name: _____

Children, if any:

Name: _____ Age: _____

4. I understand that I have a continuing obligation to inform the court of improvement in my financial circumstances which would permit me to pay the costs incurred herein.

5. I verify that the statements made in this affidavit are true and correct. I understand that false statements herein are made subject to the penalties of 18 Pa. C.S. 4909, relating to unsworn falsification to authorities.

BUDGET ANALYSIS - Income after deductions and living expenses

FIXED EXPENSES	MONTHLY	YEARLY
RENT/MORTGAGE	140	
ELECTRIC	93.00	
HEAT	0	
PHONE	10.00	
BASIC CABLE	55.00	
INCOME (FICA, STATE, LOCAL) TAXES	0	
INSURANCE	79.00	
INSTALLMENT LOANS	0	
REAL ESTATE TAXES	0	
WATER/SEWAGE	45.43	
GARBAGE	15.00	
OTHER	Car Payment 298 5)	355.00
		1316.72
FLEXIBLE EXPENSES		
GROCERIES	100.00	
LUNCHES/DINNER OUT/FAST FOOD	0	
CLOTHING/SHOES	0	
DRY CLEANING/LAUNDRY	0	
AUTOMOBILE REPAIRS/MAINTENANCE	0	
GASOLINE/OIL	0	
PARKING/BUS FARE	0	
GIFTS/RECREATION/DEPENDENT ALLOWANCES	0	
CIGARETTES /TOBACCO	0	
BOOKS/NEWSPAPERS/MAGAZINES	0	
BEAUTY SHOP/BARBER	0	
MEDICAL BILLS	0	
CHILD CARE/SUPPORT PAYMENTS	0	
SAVINGS/CONTRIBUTIONS	0	
OPTIONAL CABLE TV	0	
PETS	0	
OTHER	94.00 Homeowner 50	144.00
TOTAL EXPENSES		1877.72
TOTAL MONTHLY INCOME		
MINUS TOTAL EXPENSES		1882.00
BALANCE [+ OR -]		

budgetanalysis

22,584.

Social Security Administration Retirement, Survivors and Disability Insurance

Important Information

Office of Central Operations
1500 Woodlawn Drive
Baltimore, Maryland 21241-1500
Date: December 2, 2002
Claim Number: 192-42-9027HA

HAROLD J MUIR JR
206 REAR TURNPIKE AVE
CLEARFIELD PA 16830

003094

00103ET87003094-NOTAFP.X1,PBT2RN0T,PC7,R021125,PS1K 000000000



You are entitled to medicare hospital and medical insurance beginning January 2003.

What We Will Pay And When

- You will receive \$1,303.00 for December 2002 around January 3, 2003. *As of now
he receives \$1452.00
monthly.*
- After that you will receive \$1,303.00 on or about the third of each month.

Information About Medicare

The monthly premium for your supplemental medical insurance is \$58.70 beginning January 2003.

We will start to take premiums out of your January 3, 2003 check.

If You Have Any Questions

We invite you to visit our website at www.ssa.gov on the Internet to find general information about Social Security. If you have any specific questions, you may call us toll-free at 1-800-772-1213, or call your local Social Security office at 1-814-371-8099. We can answer most questions over the phone. If you are deaf or hard of hearing, you may call our TTY number, 1-800-325-0778. You can also write or visit any Social Security office. The office that serves your area is located at:

SOCIAL SECURITY
480 JEFFERS STREET
DUBOIS, PA 15801

If you do call or visit an office, please have this letter with you. It will help us answer your questions. Also, if you plan to visit an office, you may call ahead to make an appointment. This will help us serve you more quickly when you arrive at the office.

W. Burnell Hurt

W. Burnell Hurt
Associate Commissioner for
Central Operations

EZA-3564

PZ84X7 Jeep

Social Security Administration

Supplemental Security Income

Notice of Change in Payment

Date: December 1, 2002
Claim Number: 127-56-3998 DI

228 B017,OTH,000,048177 000135716 01 SP 0.370

LINDA L WEITOISH
206 REAR TRNPKE AVE
CLEARFIELD PA 16830

We are writing to tell you about changes in your Supplemental Security Income payments. The rest of this letter will tell you more about this change.

We explain how we figured the monthly payment amounts shown below on the last page of this letter. The explanation shows how your income, other than any SSI payments, affects your SSI payment. It also shows how we decided how much of your income affects your payment amount. We include explanations only for months where payment amounts change.

Information About Your Payments

- The amount due you beginning January 2003 will be \$579.40. This amount includes \$27.40 from the State of Pennsylvania.
- The amount due you is being raised because the law provides for an increase in Supplemental Security Income payments in January 2003 if there was an increase in the cost-of-living during the past year.

You Can Review The Information in Your Case

The decisions in this letter are based on the law. You have a right to review and get copies of the information in our records that we used to make the decisions explained in this letter. You also have a right to review and copy the laws, regulations and policy statements used in deciding your case. To do so, please contact us. Our telephone number and address are shown under the heading "If You Have Any Questions."

Things To Remember

- You may use this letter when you need proof of your SSI payment amount for other assistance programs such as food stamps, rent subsidies, energy assistance, medical assistance, bank loans, or for other purposes. However, if you get another letter saying your SSI payment is changing again, use that letter instead.

See Next Page

SSA-L8151

WE12 A monthly
information

- We may share information about you with other government agencies that pay benefits. Agencies use such information to see if a person qualifies for benefits. We sometimes use computer matching to share information and compare our records with those of other Federal, State, or local government agencies. The law allows us to use computer matching even if you do not agree.

If You Disagree With The Decision

If you disagree with the decision, you have the right to appeal. We will review your case and consider any new facts you have.

- You have 60 days to ask for an appeal.
- The 60 days start the day after you get this letter. We assume you got this letter 5 days after the date on it unless you show us that you did not get it within the 5-day period.
- You must have a good reason for waiting more than 60 days to ask for an appeal.
- To appeal, you must fill out a form called "Request for Reconsideration." The form number is SSA-561. To get this form, contact one of our offices. We can help you fill out the form.

How To Appeal

There are two ways to appeal. You can pick the one you want. If you meet with us in person, it may help us decide your case.

- Case Review. You have a right to review the facts in your file. You can give us more facts to add to your file. Then we'll decide your case again. You won't meet with the person who decides your case. This is the only kind of appeal you can have to appeal a medical decision.
- Informal Conference. You'll meet with the person who decides your case. You can tell that person why you think you're right. You can give us more facts to help prove you're right. You can bring other people to help explain your case.

If You Want Help With Your Appeal

You can have a friend, lawyer or someone else help you. There are groups that can help you find a lawyer or give you free legal services if you qualify. There are also lawyers who do not charge unless you win your appeal. Your local Social Security office has a list of groups that can help you with your appeal.

If you get someone to help you, you should let us know. If you hire someone, we must approve the fee before he or she can collect it.

FILED

COMMONWEALTH OF PENNSYLVANIA

COURT OF COMMON PLEAS

JUDICIAL DISTRICT

NOTICE OF APPEAL

FROM

DISTRICT JUSTICE JUDGMENT

COMMON PLEAS No.

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

Linda L. Weitoish i Harold J. Muir Jr.

MAG. DIST. NO. OR NAME OF D.J.

Richard A.

ADDRESS OF APPELLANT

4737 Clearfield/woodland Hwy. Clearfield

CITY

46-03-02

STATE

IRELAND

ZIP CODE

DATE OF JUDGMENT

IN THE CASE OF (Plaintiff)

3-31-03

Donna L. Scott

(Defendant)

PA 16830

CLAIM NO.

CV
LT

SIGNATURE OF APPELLANT OR HIS ATTORNEY OR AGENT

Linda L. Weitoish
Harold J. Muir Jr.

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.

PRAECLPICE 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).

PRAECLPICE: To Prothonotary

Enter rule upon Donna L. Scott, appellee(s), to file a complaint in this appeal
Name of appellee(s)

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

Linda L. Weitoish i Harold J. Muir Jr.
Signature of appellant or his attorney or agent

RULE: To Donna L. Scott, appellee(s).
Name of appellee(s)

(1) You are notified that a rule is hereby entered upon you to file a complaint in this appeal within twenty (20) days after the date of service of this rule upon you by personal service or by certified or registered mail.

(2) If you do not file a complaint within this time, a JUDGMENT OF NON PROS WILL BE ENTERED AGAINST YOU.

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

Date: _____

Signature of Prothonotary or Deputy

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 _____, _____ 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 _____, _____, by personal service by (certified) (registered) mail, sender's receipt attached hereto.

SWORN (AFFIRMED) AND SUBSCRIBED BEFORE ME

THIS _____ DAY OF _____,

Signature of affiant

Signature of official before whom affidavit was made

Title of official

My commission expires on _____

NOTICE OF APPEAL

FROM

DISTRICT JUSTICE JUDGMENT

COMMON PLEAS No.

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

Linda L. Weitoish ; Harold J. Muir, Jr.

MAG. DIST. NO. OR NAME OF D.J.

Richard A.

ADDRESS OF APPELLANT

4737 Clearfield/ N. Holland Hwy. Clearfield

CITY

46-03-02

IRELAND

STATE

ZIP CODE

DATE OF JUDGMENT

IN THE CASE OF (Plaintiff)

3-31-03

Donna L. Scott

(Defendant)

CLAIM NO.

CV
LT

SIGNATURE OF APPELLANT OR HIS ATTORNEY OR AGENT

Linda L. Weitoish ; Harold J. Muir, Jr.

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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.

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Enter rule upon Donna L. Scott, appellee(s), to file a complaint in this appeal
(Name of appellee(s))

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

Linda L. Weitoish ; Harold J. Muir, Jr.
(Signature of appellant or his attorney or agent)

RULE: To Donna L. Scott, appellee(s).
(Name of appellee(s))

(1) You are notified that a rule is hereby entered upon you to file a complaint in this appeal within twenty (20) days after the date of service of this rule upon you by personal service or by certified or registered mail.

(2) If you do not file a complaint within this time, a JUDGMENT OF NON PROS WILL BE ENTERED AGAINST YOU.

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

Date: _____

Signature of Prothonotary or Deputy

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 _____, 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 _____, by personal service by (certified) (registered) mail, sender's receipt attached hereto.

SWORN (AFFIRMED) AND SUBSCRIBED BEFORE ME

THIS _____ DAY OF _____,

Signature of affiant

Signature of official before whom affidavit was made

Title of official

My commission expires on _____

COMMONWEALTH OF PENNSYLVANIA

COURT OF COMMON PLEAS

JUDICIAL DISTRICT

NOTICE OF APPEAL

FROM

DISTRICT JUSTICE JUDGMENT

COMMON PLEAS No.

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

Linda L. Weitersh-Harold J. Muir Jr.

MAG. DIST. NO. OR NAME OF D.J.

Richard A.

ADDRESS OF APPELLANT

4737 Clearfield, Wardland Hwy

CITY

46-03-02

IRELAND

ZIP CODE

DATE OF JUDGMENT

3-31-03

IN THE CASE OF (Plaintiff)

Donna L. Scott

STATE

PA

16830

(Defendant)

CLAIM NO.

CV
LT

SIGNATURE OF APPELLANT OR HIS ATTORNEY OR AGENT

Linda L. Weitersh-Harold J. Muir Jr.

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

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Enter rule upon Donna L. Scott, appellee(s), to file a complaint in this appeal
Name of appellee(s)

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

Richard A. Weitersh
Signature of appellant or his attorney or agent

RULE: To Donna L. Scott, appellee(s).
Name of appellee(s)

(1) You are notified that a rule is hereby entered upon you to file a complaint in this appeal within twenty (20) days after the date of service of this rule upon you by personal service or by certified or registered mail.

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

Date: _____

Signature of Prothonotary or Deputy

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

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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 _____, 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 _____, by personal service by (certified) (registered) mail, sender's receipt attached hereto.

SWORN (AFFIRMED) AND SUBSCRIBED BEFORE ME

THIS _____ DAY OF _____,

Signature of affiant

Signature of official before whom affidavit was made

Title of official

My commission expires on _____

COMMONWEALTH OF PENNSYLVANIA

COURT OF COMMON PLEAS

JUDICIAL DISTRICT

NOTICE OF APPEAL

FROM

DISTRICT JUSTICE JUDGMENT

COMMON PLEAS No.

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>John Doe, Jr. Plaintiff</i>	MAG. DIST. NO. OR NAME OF D.J. <i>Rick J. Smith</i>		
ADDRESS OF APPELLANT <i>123 Main Street, Philadelphia, PA 19101</i>	CITY <i>Philadelphia</i>	STATE <i>PA</i>	ZIP CODE <i>19101</i>
DATE OF JUDGMENT <i>12/15/2011</i>	IN THE CASE OF (Plaintiff) <i>John Doe, Jr. Plaintiff</i>	(Defendant) <i>John Smith, Defendant</i>	
CLAIM NO. CV LT	SIGNATURE OF APPELLANT OR HIS ATTORNEY OR AGENT <i>[Signature]</i>		
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.		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. <i>[Signature]</i>	

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 _____, appellee(s), to file a complaint in this appeal
Name of appellee(s)

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

Signature of appellant or his attorney or agent

RULE: To _____, appellee(s).
Name of appellee(s)

(1) You are notified that a rule is hereby entered upon you to file a complaint in this appeal within twenty (20) days after the date of service of this rule upon you by personal service or by certified or registered mail.

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

Date: _____

Signature of Prothonotary or Deputy

COPY TO BE SERVED ON APPELLEE

COMMONWEALTH OF PENNSYLVANIA

COURT OF COMMON PLEAS

JUDICIAL DISTRICT

NOTICE OF APPEAL

FROM

DISTRICT JUSTICE JUDGMENT

COMMON PLEAS NO.

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

MAG. DIST. NO. OR NAME OF DJ.

ADDRESS OF APPELLANT

CITY

STATE

ZIP CODE

DATE OF JUDGMENT

IN THE CASE OF (Plaintiff)

(Defendant)

CLAIM NO.

SIGNATURE OF APPELLANT OR HIS ATTORNEY OR AGENT

CV

LT

This block will be signed ONLY when this notation is required under Pa. R.C.P.J.P. No. 1008B.

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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.

COPY TO BE SERVED ON DISTRICT JUSTICE

COMMONWEALTH OF PENNSYLVANIA
COUNTY OF: **CLEARFIELD**

Mag. Dist. No.:

46-3-02

DJ Name: Hon.

RICHARD A. IRELAND
Address: **650 LEONARD STREET**
CLEARFIELD, PA

Telephone: **(814) 765-5335** 16830

RICHARD A. IRELAND
650 LEONARD STREET
CLEARFIELD, PA 16830

**NOTICE OF JUDGMENT/TRANSCRIPT
CIVIL CASE**

PLAINTIFF/JUDGMENT DEBTOR: NAME and ADDRESS

SCOTT, DONNA
206 TURNPIKE AVE
CLEARFIELD, PA 16830

VS.

DEFENDANT/JUDGMENT CREDITOR: NAME and ADDRESS

MUIR, JAMES, ET AL.
4737 CLFD/WOODLAND HWY
CLEARFIELD, PA 16830

Docket No.: **CV-0000052-03**
Date Filed: **2/10/03**



THIS IS TO NOTIFY YOU THAT:

Judgment:

FOR PLAINTIFF

Judgment was entered for: (Name) **SCOTT, DONNA**

Judgment was entered against: (Name) **WEITOSH, LINDA**

in the amount of \$ **2,398.55** on: (Date of Judgment) **3/31/03**

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

Damages will be assessed on: _____

Amount of Judgment	\$ 2,304.05
Judgment Costs	\$ 94.50
Interest on Judgment	\$.00
Attorney Fees	\$.00
Total	\$ 2,398.55

This case dismissed without prejudice. _____

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

Post Judgment Credits	\$ _____
Post Judgment Costs	\$ _____
=====	
Certified Judgment Total	\$ _____

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.

EXCEPT AS OTHERWISE PROVIDED IN THE RULES OF CIVIL PROCEDURE FOR DISTRICT JUSTICES, IF THE JUDGMENT HOLDER ELECTS TO ENTER THE JUDGMENT IN THE COURT OF COMMON PLEAS, ALL FURTHER PROCESS MUST COME FROM THE COURT OF COMMON PLEAS AND NO FURTHER PROCESS MAY BE ISSUED BY THE DISTRICT JUSTICE.

UNLESS THE JUDGMENT IS ENTERED IN THE COURT OF COMMON PLEAS, ANYONE INTERESTED IN THE JUDGMENT MAY FILE A REQUEST FOR ENTRY OF SATISFACTION WITH THE DISTRICT JUSTICE IF THE JUDGMENT DEBTOR PAYS IN FULL, SETTLES, OR OTHERWISE COMPLIES WITH THE JUDGMENT.

MAR 3 1 2003 Date Richard Ireland, 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.:	46-3-02	
DJ Name: Hon.		
RICHARD A. IRELAND		
Address:	650 LEONARD STREET CLEARFIELD, PA	
Telephone:	(814) 765-5335	16830

RICHARD A. IRELAND
650 LEONARD STREET
CLEARFIELD, PA 16830

**NOTICE OF JUDGMENT/TRANSCRIPT
CIVIL CASE**

PLAINTIFF/JUDGMENT DEBTOR: NAME and ADDRESS

SCOTT, DONNA
206 TURNPIKE AVE
CLEARFIELD, PA 16830

VS.

DEFENDANT/JUDGMENT CREDITOR: NAME and ADDRESS

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