

05-1613-CD  
Virginia Robison vs Christine  
Robison

Virginia M. Robison vs Chistine M. Robison  
2005-1613-CD

## In the Court of Common Pleas of Clearfield County, Pennsylvania

## Civil Division

**FILED**Robison, Virginia M.

Plaintiff

vs.

Robison, Christine M.

Defendant

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OCT 19 2005

0/9:00 AM

(Ex)

William A. Shaw  
ProthonotaryNo. 2005-1613-CV C.D.AFFIDAVIT IN SUPPORT OF PETITION TO PROCEED IN FORMA PAUPERIS

- I am the Plaintiff/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 or proceeding.
- I am unable to obtain funds from anyone, including my family, friends and associates, to pay the costs of litigation.
- I represent that the information below relating to my ability to pay the costs and fees is true and correct.

a. Name Christine M. RobisonAddress 1998 Montgomery Run Road  
Clearfield, PA. 16830Social Security Number 173 - 58 - 4547b. Date of last employment 10/2000Employer Dutch Pantry RestaurantAddress R.D. #2 Box 244Clearfield, PA. 16830Salary/Wages..... \$ Workmen's CompensationType of work Server/hostess

In the Court of Common Pleas of Clearfield County, Pennsylvania  
 Civil Division

**FILED**

Robison, Virginia M.

Plaintiff

vs.

Robison, Christine M.

Defendant

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No. 2005-1613-CV C.D.

OCT 19 2005  
 0/9:00 AM

William A. Shaw  
 Prothonotary

**AFFIDAVIT IN SUPPORT OF PETITION TO PROCEED IN FORMA PAUPERIS**

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2. I am unable to obtain funds from anyone, including my family, friends and associates, to pay the costs of litigation.
3. I represent that the information below relating to my ability to pay the costs and fees is true and correct.

a. Name Christine M. Robison

Address 1998 Montgomery Run Road  
Clearfield, PA 16830

Social Security Number 173 - 58 - 4547

b. Date of last employment 10/2000

Employer Dutch Pantry Restaurant

Address R.D. #2 Box 244  
Clearfield, PA 16830

Salary/Wages..... \$ Workmen's Compensation

Type of work Server/hostess

c. Other Income:

Business/Profession.....	\$	N/A
Self-employment.....	\$	N/A
Interest.....	\$	N/A
Dividends.....	\$	N/A
Pension.....	\$	N/A
Annuities.....	\$	N/A
Social Security Benefits.....	\$	\$ 565.03 average monthly
Support Payments.....	\$	N/A
Disability payments.....	\$	N/A
Unemployment Compensation/		
Supplements Benefits.....	\$	N/A
Workmen's Compensation.....	\$	385.74 bi-weekly
Public Assistance.....	\$	N/A
Food Stamps.....	\$	112 monthly.
Other.....	\$	N/A

d. Other contributions to my household support (please circle):

Name of Spouse, Boyfriend/Girlfriend, or Roommate/Housemate

None

Employer	N/A	
Salary/wages per month.....	\$	N/A
Type of work	N/A	
Contributions from my child(ren) ...	\$	N/A
Contributions from my parent(s), family members, or any other individuals.....	\$	N/A

e. Property Owned:

Cash.....	\$	50.00
Checking Account.....	\$	50.00
Savings Account.....	\$	NONE
Certificates of Deposit.....	\$	N/A
Real Estate (including home).....	\$	N/A
Motor Vehicle(s) - Make	Chevy Monte Carlo	
Year	1995	
Cost.....	\$	1250
Amount owed.....	\$	—

Stocks, bonds.....	\$	N/A
Other.....	\$	N/A
Other.....	\$	N/A
Other.....	\$	N/A

f. I have the following debts: \$35 water \$17.50 garbage

Utilities: \$ 35.00, explain Electric Bill  
\$ 350.00, explain heat  
\$ 90.00, explain phone bill  
\$ 50.00, explain cable bill

Groceries: \$ 100 - \$150.00 monthly.

Rent/Mortgage: \$ 500.00, explain \_\_\_\_\_

Loan(s): \$ 25.00, explain J.C. Penney Charge Card

Auto Expense: \$ 150.00, explain car insurance, gas, car repair

Child Care: \$ 80.00, explain respite care/ child care for children

Miscellaneous: \$ 100.00, explain unpaid medical (prescriptions)

g. Person(s) dependent upon you for support:

Wife/Husband's name \_\_\_\_\_

Children, if any:

Name	<u>Jenna C. Robison</u>	Age	<u>8</u>
Name	<u>Gabrielle M. Robison</u>	Age	<u>10 months</u>
Name	_____	Age	_____
Name	_____	Age	_____
Name	_____	Age	_____
Name	_____	Age	_____

Other person(s) dependent upon you:

Name	<u>N/A</u>	Age	_____
Name	_____	Age	_____
Name	_____	Age	_____

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

## VERIFICATION

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. Section 4904, relating to Unsworn Falsification to Authorities.

10/17/05

Date

Christine M. Robison

Petitioner

CONSENT FOR RELEASE OF CONFIDENTIAL INFORMATION

I, Christine M. Robison, having filed with the Court an Affidavit requesting In Forma Pauperis standing, hereby consent to the release of any information which may be requested by the Judges of the Court of Common Pleas of Clearfield County, or by any employee of the Court Administrator's Office acting on the behalf and at the direction of any said Judge, relating to any employment compensation, Worker's Compensation, Social Security, Department of Public Welfare or Black Lung benefits which I may receive from any county, state or federal agency which administers or handles processing of any of the above described benefits. This consent shall also authorize the release to the said Court or designee of any information as to any compensation I am receiving, or have received in the past twelve (12) months, from any full or part-time employment of any type whatsoever.

This consent shall remain in effect for a period of twelve (12) months herefrom. A copy or FAX of this release shall have the same legal effect as the original.

Social Security Number: 173 - 58 - 4547

Board of Assistance Number (food stamps, etc.): 70905

DATE: 10/17/2005 Christine M. Robison  
signature

DATE: 10 / 17 / 2005

NAME: Christine M. Robison

TELEPHONE NUMBER: ( 814 ) 765 - 2142

ADDRESS: 1998 Montgomery Run Road  
Clearfield, PA. 16830

OTHER PARTIES INVOLVED: Virginia Robison, Douglas H. Robison

REASON FOR FILING THIS PETITION (Write a brief description of your financial problem(s), please be specific. Failure to do so could result in your request being delayed or denied.) (Example: request for filing fee or Mediation Conference fee to be waived due to your inability to submit the required fee because...)

I am unable to pay for the filing fee because I am a single mother raising two small children on my own, with no financial assistance and on a fixed income. I have recently had medical problems ~~which~~ which has caused financial hardships and have had to pay out money due to damages caused by my estranged husband.

TYPE OF ACTION: (divorce, custody, District Justice appeal, etc. Please specify what type of action you are pursuing through this application.)

Civil through the District Justice appeal process.

In the Court of Common Pleas of Clearfield County, Pennsylvania

Civil Division

VIRGINIA M. ROBISON

Plaintiff

vs.

CHRISTINE M. ROBISON

Defendant

\* No. 2005 - 1613 - C.D.

O R D E R

FILED

OCT 19 2005

0/12/06

William A. Shaw

Prothonotary/Clerk of Courts

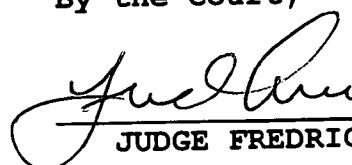
CFM/T TO DEPT.

NOW, this 19<sup>th</sup> day of October, 2005, upon consideration of the foregoing Affidavit in Support of Petition to Proceed in Forma Pauperis, it is the ORDER of this Court that said Petition is GRANTED / DENIED.

PTA

If the Petition is GRANTED, Filing / ~~Mediation Conference~~ fee is hereby WAIVED.

By the Court,

  
JUDGE FREDRIC J. AMMERMAN

COURT OF COMMON PLEAS OF CLEARFIELD COUNTY  
PENNSYLVANIA

Robison, Virginia M.  
(Plaintiff)

CIVIL ACTION

1 Brisbin St. Apt/Ste 109  
(Street Address)

No. 2005 - 1613-cv

Houtzdale, PA. 16651  
(City, State ZIP)

Type of Case: Civil

vs.

Robison, Christine M.  
(Defendant)

Type of Pleading: \_\_\_\_\_

Filed on Behalf of:

Christine M. Robison  
(Plaintiff/Defendant)

1998 Montgomery Run Road  
(Street Address)

Clearfield, PA. 16830  
(City, State ZIP)

FILED

OCT 19 2005

0/12205 (C) William A. Shaw

Prothonotary/Clerk of Courts

Court to not incur  
+  
per

Christine M. Robison  
(Filed by)

1998 Montgomery Run Road, Clearfield, PA. 16830  
(Address)

(814) 765-2142  
(Phone)

Christine M. Robison  
(Signature)

## NOTICE OF APPEAL

FROM

## DISTRICT JUSTICE JUDGMENT

COMMON PLEAS No. 2005-1613-C0

## 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.

Christine M. Robison

46-3-02 Ireland

NAME OF APPELLANT

1998 Montgomery Run Road Clearfield

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

ADDRESS OF APPELLANT

919105

CITY

Virginia M. Robison

PA.

16830

DATE OF JUDGMENT

IN THE CASE OF (Plaintiff)

(Defendant)

CLAIM NO.

CV  
LT

0000268-05

VS.

SIGNATURE OF APPELLANT OR HIS ATTORNEY OR AGENT

Christine M. Robison

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 Virginia M. Robison, appellee(s), to file a complaint in this appeal  
(Name of appellee(s))

(Common Pleas No. 2005-1613-C0) within twenty (20) days after service of rule or suffer entry of judgment of non pros.

Christine M. Robison

Signature of appellant or his attorney or agent

**RULE:** To Virginia M. Robison, 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: Oct. 19, 2005


Signature of Prothonotary or Deputy

FILED

OCT 19 2005

8/12/05 (W)

William A. Shaw

Prothonotary/Clerk of Courts

CENT COPIES TO  
MRS. IRELAND &  
PLAINTIFF

## 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  
COUNTY OF: **CLEARFIELD**

Mag. Dist. No.:

**46-3-02**

MDJ Name: Hon.

**RICHARD A. IRELAND**  
Address: **650 LEONARD ST**  
**STE 113**  
**CLEARFIELD, PA**

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

**16830**

**CHRISTINE M. ROBISON**  
**1998 MONTGOMERY RUN ROAD**  
**CLEARFIELD, PA 16830**

**NOTICE OF JUDGMENT/TRANSCRIPT  
CIVIL CASE**

PLAINTIFF:

**ROBISON, VIRGINIA M**  
**1 BRISBIN ST APT/STE 109**  
**HOUTZDALE, PA 16651**

NAME and ADDRESS

DEFENDANT:

**ROBISON, CHRISTINE M**  
**1998 MONTGOMERY RUN ROAD**  
**CLEARFIELD, PA 16830**

NAME and ADDRESS

Docket No.: **CV-0000268-05**  
Date Filed: **7/06/05**



**THIS IS TO NOTIFY YOU THAT:**

Judgment:

**FOR PLAINTIFF**

Judgment was entered for: (Name) **ROBISON, VIRGINIA M**

Judgment was entered against: (Name) **ROBISON, CHRISTINE M**

in the amount of \$ **187.00** on: (Date of Judgment) **9/19/05**

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

Damages will be assessed on: \_\_\_\_\_

This case dismissed without prejudice. \_\_\_\_\_

Amount of Judgment Subject to Attachment/42 Pa.C.S. § 8127 \$ \_\_\_\_\_

Portion of Judgment for physical damages arising out of residential lease \$ \_\_\_\_\_

Amount of Judgment	\$ <b>100.00</b>
Judgment Costs	\$ <b>87.00</b>
Interest on Judgment	\$ <b>.00</b>
Attorney Fees	\$ <b>.00</b>
<b>Total</b>	\$ <b>187.00</b>
Post Judgment Credits	\$ _____
Post Judgment Costs	\$ _____
=====	
<b>Certified Judgment Total</b> \$ _____	

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 MAGISTERIAL DISTRICT JUDGES, IF THE JUDGEMENT 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 MAGISTERIAL DISTRICT JUDGE.

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 MAGISTERIAL DISTRICT JUDGE IF THE JUDGMENT DEBTOR PAYS IN FULL, SETTLES, OR OTHERWISE COMPLIES WITH THE JUDGMENT.

**SEP 19 2005**

Date

*Richard Ireland*

, Magisterial District Judge

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

Date

, Magisterial District Judge

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

SEAL

COMMONWEALTH OF PENNSYLVANIA  
COUNTY OF: **CLEARFIELD**

Mag. Dist. No.:

**46-3-02**

MDJ Name: Hon.

**RICHARD A. IRELAND**  
Address: **650 LEONARD ST**  
**STE 113**  
**CLEARFIELD, PA**

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

**16830**

**RICHARD A. IRELAND**  
**650 LEONARD ST**  
**STE 113**  
**CLEARFIELD, PA 16830**

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

PLAINTIFF:

**ROBISON, VIRGINIA M**  
1 BRISBIN ST APT/STE 109  
HOUTZDALE, PA 16651

NAME and ADDRESS

DEFENDANT:

**ROBISON, CHRISTINE M**  
1998 MONTGOMERY RUN ROAD  
CLEARFIELD, PA 16830

VS.

NAME and ADDRESS

Docket No.: **CV-0000268-05**  
Date Filed: **7/06/05**



THIS IS TO NOTIFY YOU THAT:

Judgment:

**FOR PLAINTIFF**

05-1613-CD

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Judgment was entered against: (Name) **ROBISON, CHRISTINE M**

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Prothonotary/Clerk of Courts

Portion of Judgment for physical damages arising out of residential lease \$ \_\_\_\_\_

**FILED**  
OCT 26 2005

Amount of Judgment	\$ <b>100.00</b>
Judgment Costs	\$ <b>87.00</b>
Interest on Judgment	\$ <b>.00</b>
Attorney Fees	\$ <b>.00</b>
<b>Total</b>	\$ <b>187.00</b>
Post Judgment Credits	\$ _____
Post Judgment Costs	\$ _____
<b>Certified Judgment Total</b> \$ _____	

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SEP 19 2005 Date Richard Ireland, Magisterial District Judge

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

10-24-05 Date Rich Ireland, Magisterial District Judge

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

SEAL