

05-1616-CD
Ida Celinski vs Victoria Millinder

Ida Celinski vs. Victoria A. Millinder
2005-1616-CD

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

Celinski, Ida
411 MAPLE
Clearfield PA. 16830
vs.

Plaintiff

Millinder, Victoria A.
20 KRISSE LANE
Woodland PA. 16881

Defendant

No. 2005-1616-CD C.D.

Original to
C/A

AFFIDAVIT IN SUPPORT OF PETITION TO PROCEED IN FORMA PAUPERIS

1. 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.
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 Ida Celinski
Address 411 MAPLE AVE
CLEARFIELD PA. 16830
Social Security Number 065 - 36 - 0624

b. Date of last employment to present
Employer EXPERIENCE WORKS (AMERICAN RED CROSS)
Address _____
Salary/Wages..... EXEMPT \$ 5.15 X 20 hrs A WEEK.
Type of work do any thing that needs done that I can do.

FILED

OCT 19 2005

6/2306

William A. Shaw
Prothonotary

No. 2005-1616-CD C.D.

Celinski, Ida
411 MAPLE AVE
Clearfield PA. 16830
vs.

Plaintiff

Millinder, Victoria A.
20 KRISSE LANE
Woodland PA. 16881

Defendant

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 Ida Celinski
Address 411 MAPLE AVE
Clearfield PA. 16830
Social Security Number 065 - 36 - 0624

b. Date of last employment to present
Employer Experience Works (American Red Cross)
Address _____
EXEMPT
Salary/Wages..... \$ 5.15 X 20 hrs A week.
Type of work do any thing that needs done that
I can do.

c. Other Income:

Business/Profession..... \$ _____
 Self-employment..... \$ _____
 Interest..... \$ _____
 Dividends..... \$ _____
 Pension..... \$ _____
 Annuities..... \$ _____
 Social Security Benefits..... \$ Disability S.S. 521.00
 Support Payments..... \$ _____
 Disability payments..... \$ _____
 Unemployment Compensation/
 Supplements Benefits..... \$ _____
 Workmen's Compensation..... \$ _____
 Public Assistance..... \$ _____
 Food Stamps..... \$ 130.00
 Other..... \$ _____

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

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

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

e. Property Owned:

Cash..... \$ _____
 Checking Account..... \$ _____
 Savings Account..... \$ _____
 Certificates of Deposit..... \$ _____
 Real Estate (including home)..... \$ mortgage - CNB 153.00/mo.
 Motor Vehicle(s) - Make NISAN
 Year 1992
 Cost..... \$ bought it about 8 yrs ago. Can't remember cost.
 Amount owed..... \$ 0

Stocks, bonds..... \$ _____
 Other..... \$ _____
 Other..... \$ _____
 Other..... \$ _____

f. I have the following debts:

28,000 Basic Cable only

Utilities: \$ 80.00, explain water
 \$ 25.00, explain electric
 \$ 15.00, explain garbage
 \$ 20.00, explain telephone
 Groceries: \$ 130.00 I have diverticulitis and need to buy
 some foods that won't harm me. In hos. 3/05
 Relapse few months later
 DR. Romero
 Ctd.
 Rent/Mortgage: \$ 153.00, explain CNB
 Loan(s): \$ _____, explain _____
 Auto Expense: \$ _____, explain Gas, oil,
 Child Care: \$ _____, explain _____
 Miscellaneous: \$ _____, explain _____

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

Wife/Husband's name _____

Children, if any:

Name _____	Age _____
Name _____	Age _____
Name _____	Age _____
Name _____	Age _____
Name _____	Age _____
Name _____	Age _____

Other person(s) dependent upon you:

Name _____	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.

10/19/05

Date

Ida Celinski

Petitioner

CONSENT FOR RELEASE OF CONFIDENTIAL INFORMATION

I, Ida Celinski, 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: 065 - 36 - 0624

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

Forgot it at home - its in my name

DATE: 10 / 19 / 05 Ida Celinski
signature

DATE: 10/19/05

NAME: Ida Celinski

TELEPHONE NUMBER: (814) 765-1817

ADDRESS: 411 MAPLE AVE.
CLEARFIELD PA. 16830

OTHER PARTIES INVOLVED: _____

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 have a limited income. I AM trying to
fix up an older home. I have rats & mouse
running in the house. I have to use
any extra money to try to fix things
up myself.

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

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

_____	*	
	*	
Plaintiff	*	
	*	
	*	
vs.	*	No. _____ C.D.
	*	
_____	*	
	*	
Defendant	*	

ORDER

NOW, this _____ day of _____,
_____, 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.

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

By the Court,

JUDGE FREDRIC J. AMMERMAN

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**

IDA CELINSKI
411 MAPLE AVENUE
CLEARFIELD, PA 16830

**NOTICE OF JUDGMENT/TRANSCRIPT
CIVIL CASE**

PLAINTIFF: **CELINSKI, IDA**
411 MAPLE AVENUE
CLEARFIELD, PA 16830
NAME and ADDRESS

VS.
DEFENDANT: **MILLINDER, VICTORIA A**
20 KRISE LANE
WOODLAND, PA 16881
NAME and ADDRESS

Docket No.: **CV-0000303-05**
Date Filed: **8/03/05**



THIS IS TO NOTIFY YOU THAT:

Judgment: **FOR DEFENDANT**

☒ Judgment was entered for: (Name) **MILLINDER, VICTORIA A**

☒ Judgment was entered against: (Name) **CELINSKI, IDA**

in the amount of \$ **.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	\$ <u>.00</u>
Judgment Costs	\$ <u>.00</u>
Interest on Judgment	\$ <u>.00</u>
Attorney Fees	\$ <u>.00</u>
Total	\$ <u>.00</u>
Post Judgment Credits	\$ _____
Post Judgment Costs	\$ _____
Certified Judgment Total	\$ <u>=====</u>

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

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

IDA CELINSKI

Plaintiff

vs.

VICTORIA A. MILLINDER

Defendant

*
*
*
*
*
*
*
*
*
*

No. 2005 - 1616 - C.D.

FILED

OCT 19 2005

EC

0/3:35(W)

William A. Shaw
Prothonotary

1440 to PIA

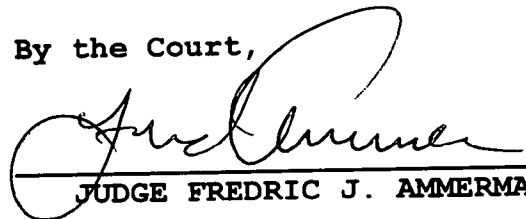
ORDER

NOW, this 19th 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 / ~~DELETED~~.

FJA

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

By the Court,


JUDGE FREDRIC J. AMMERMAN

COURT OF COMMON PLEAS

CLEARFIELD
JUDICIAL DISTRICT

46TH

FROM

DISTRICT JUSTICE JUDGMENT

COMMON PLEAS No. 2005-1616-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>Ida Celinski</i>		MAG. DIST. NO. OR NAME OF D.J. <i>46-3-02</i>	
ADDRESS OF APPELLANT <i>41 Maple Ave</i>		CITY <i>Clearfield</i>	STATE <i>PA</i>
DATE OF JUDGMENT	IN THE CASE OF (Plaintiff) <i>Celinski, Ida -</i>	VS.	(Defendant) <i>Millinder, Victoria A</i>
CLAIM NO.	CV LT	SIGNATURE OF APPELLANT OR HIS ATTORNEY OR AGENT <i>Ida Celinski</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.

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 _____, 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.

(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]

Signature of Prothonotary or Deputy
FILED

OCT 19 2005 *EW*
013:35/w *IFP*

William A. Shaw
Prothonotary
Notice of Appeal to
M.D. *Shaw* &
DEAR-

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 _____

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****IDA CELINSKI****411 MAPLE AVENUE****CLEARFIELD, PA 16830****NOTICE OF JUDGMENT/TRANSCRIPT
CIVIL CASE**

PLAINTIFF:

NAME and ADDRESS

CELINSKI, IDA**411 MAPLE AVENUE****CLEARFIELD, PA 16830**

VS.

DEFENDANT:

NAME and ADDRESS

MILLINDER, VICTORIA A**20 KRIS LANE****WOODLAND, PA 16881**Docket No.: **CV-0000303-05**Date Filed: **8/03/05****THIS IS TO NOTIFY YOU THAT:**

Judgment:

FOR DEFENDANT☒ Judgment was entered for: (Name) **MILLINDER, VICTORIA A**☒ Judgment was entered against: (Name) **CELINSKI, IDA**in the amount of \$ **.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	\$.00
Judgment Costs	\$.00
Interest on Judgment	\$.00
Attorney Fees	\$.00
Total	\$.00

Post Judgment Credits	\$ _____
Post Judgment Costs	\$ _____

Certified Judgment Total \$ _____

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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.

_____, 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

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CIVIL CASE**

PLAINTIFF: NAME and ADDRESS

CELINSKI, IDA
411 MAPLE AVENUE
CLEARFIELD, PA 16830

VS.
DEFENDANT: NAME and ADDRESS

MILLINDER, VICTORIA A
20 KRISSE LANE
WOODLAND, PA 16881

Docket No.: **CV-0000303-05**
Date Filed: **8/03/05**



05-1616-CD

THIS IS TO NOTIFY YOU THAT:

Judgment: **FOR DEFENDANT**

☒ Judgment was entered for: (Name) **MILLINDER, VICTORIA A**

☒ Judgment was entered against: (Name) **CELINSKI, IDA**

in the amount of \$.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. **FILED**
OCT 26 2005

☐ Amount of Judgment Subject to Attachment/42 Pa.C.S. § 8127 \$ William A. Shaw

☐ Portion of Judgment for physical/Prothonotary/Clerk of Courts damages arising out of residential lease \$ _____

Amount of Judgment	\$ <u> .00</u>
Judgment Costs	\$ <u> .00</u>
Interest on Judgment	\$ <u> .00</u>
Attorney Fees	\$ <u> .00</u>
Total	\$ <u> .00</u>

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

Certified Judgment Total \$ _____

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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.
OCT 24 2005 Date *Richard Ireland*, Magisterial District Judge

My commission expires first Monday of January, 2006 .

SEAL