

08-1106-CD
Susquehanna Vets vs Penny Bowser

COURT OF COMMON PLEAS OF CLEARFIELD COUNTY
PENNSYLVANIA

FILED

My 11/16/08
JUN 17 2008

No. 61

William A. Shaw

Prothonotary/Clerk of Courts

PENNY L. BOWSER
(Plaintiff)

CIVIL ACTION

No. 2008-1106-CD

Type of Case: Civil
APPEAL

Type of Pleading: I.F.P.

Filed on Behalf of:

PENNY L. BOWSER
(Plaintiff/Defendant)

vs.
Susquehanna Veterinary Clinic
(Defendant)

241 School Ave.
(Street Address)

Clearfield, Pa. 16830
(City, State ZIP)

ORIG. IN
TO C/A

PENNY L. BOWSER
(Filed by)

P.O. Box Hyde, Pa. 16843
(Address)

814-592-8466
(Phone)

Penny L. Bowser
(Signature)

COURT OF COMMON PLEAS OF CLEARFIELD COUNTY
PENNSYLVANIA

FILED

my file w
JUN 17 2008

No. 1
William A. Shaw
Prothonotary/Clerk of Courts

PENNY L. BOWSER
(Plaintiff)

CIVIL ACTION

No. 2008-1106-C.D

P.O. Box 606
(Street Address)

Hyde, Pa. 16843
(City, State ZIP)

vs.

Susquehanna Veterinary Clinic
(Defendant)

241 School Ave.
(Street Address)

Clearfield, Pa. 16830
(City, State ZIP)

Type of Case: Civil
Open

Type of Pleading: I.F.P.

Filed on Behalf of:

PENNY L. BOWSER
(Plaintiff/Defendant)

PENNY L. BOWSER
(Filed by)

P.O. Box Hyde, Pa. 16843
(Address)

814-592-8466
(Phone)

Penny L. Bowser
(Signature)

In the Court of Common Pleas of Clearfield County, Pennsylvania

Civil Division

PENNY L. BOWSER

Plaintiff

vs.

Susquehanna Veterinary Clinic

Defendant

FILED

JUN 17 2008

No. CLC

William A. Shaw
Prothonotary/Clerk of Courts

No. 2008-1106-CV

C.D.

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 PENNY L. BOWSER

Address P.O. Box 406

Hyde, Pa. 16843

Social Security Number 172 - 48 - 2670

b. Date of last employment None

Employer Disabled - SSI & SS

Address _____

Salary/Wages..... \$ 666.50

Type of work _____

c. Other Income:

Business/Profession.....	\$ <u>0</u>
Self-employment.....	\$ <u>0</u>
Interest.....	\$ <u>0</u>
Dividends.....	\$ <u>0</u>
Pension.....	\$ <u>0</u>
Annuities.....	\$ <u>0</u>
Social Security Benefits.....	\$ <u>380.00</u>
Support Payments.....	\$ <u>0</u>
Disability payments.....	\$ <u>259.00</u>
Unemployment Compensation/	
Supplements Benefits.....	\$ <u>27.50</u>
Workmen's Compensation.....	\$ <u>0</u>
Public Assistance.....	\$ <u>174.00</u>
Food Stamps.....	\$ <u>256.00</u>
Other.....	\$ <u>0</u>

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.....	\$ <u>0</u>
Checking Account.....	\$ <u>500</u>
Savings Account.....	\$ <u>500</u>
Certificates of Deposit.....	\$ <u>0</u>
Real Estate (including home).....	\$ <u>0</u>
Motor Vehicle(s) - Make	<u>FORD RANGER</u>
Year	<u>1992</u>
Cost.....	\$ _____
Amount owed.....	\$ <u>0</u>

Stocks, bonds.....	\$ <u>0</u>
Other.....	\$ _____
Other.....	\$ _____
Other.....	\$ _____

f. I have the following debts:

Utilities:	\$ <u>211.00</u> , explain	<u>Electric</u>
	\$ <u>174.00</u> , explain	<u>Water</u>
	\$ <u>60.00</u> , explain	<u>Phone</u>
	\$ <u>300.00</u> , explain	<u>Gasoline</u> <u>Oil</u>
Groceries:	\$ <u>100.00</u>	
Rent/Mortgage:	\$ <u>135.00</u> , explain	<u>Rent</u>
Loan(s):	\$ <u>0.00</u> , explain	
Auto Expense:	\$ <u>125.00</u> , explain	<u>GAS-INSURANCE</u>
Child Care:	\$ <u>0.00</u> , explain	
Miscellaneous:	\$ <u>100.00</u> , explain	<u>Clothing</u>

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

Wife/Husband's name _____

Children, if any:

Name	<u>Katlyn Davis (GRANDUTHER)</u>	Age	<u>5</u>
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.

6-10-08
Date

Renny S. Bousier
Petitioner

I, Penny L. Bowser, 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: 172 - 48 - 2670 Record
Board of Assistance Number (food stamps, etc.): 92307 Number
814-765-7591

DATE: 6/10/08

Penny L. Bowser
signature

DATE: 6/10/08

NAME: PENNY L. BOWSER

TELEPHONE NUMBER: (814) 592 - 8466

ADDRESS: P.O. Box 606
Hyde, Pa. 16843

OTHER PARTIES INVOLVED: Susquehanna Veterinary Clinic

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 afford the fee do
to my income and expenses I have.
And trying to take care of my
grandmother.

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

Civil Suit. District Justice appeal

COURT OF COMMON PLEAS OF CLEARFIELD COUNTY
PENNSYLVANIA

FILED

JUN 18 2008

0111:1576

William A. Shaw
Prothonotary/Clerk of Courts
No 96

CIVIL ACTION

No. 2008-1106-CD

Type of Case: Dist. Justice
Appeal

Type of Pleading: I.F.P
AMENDED

Filed on Behalf of:

PENNY L. BOWSER

(Plaintiff/Defendant)

vs.

PENNY L. BOWSER
(Defendant)

P.O. Box 606
(Street Address)

Hyde, Pa. 16843
(City, State ZIP)

PENNY L. BOWSER
(Filed by)

P.O. Box 606 Hyde Pa. 16843
(Address)

814-592-8464
(Phone)

Penny L. Bowser
(Signature)

In the Court of Common Pleas of Clearfield County, Pennsylvania

Civil Division

FILED

JUN 18 2008

William A. Shaw
Prothonotary/Clerk of CourtsSusquehanna Veterinary Clinic *

Plaintiff *

vs. *

Penny L. Bowser *

Defendant *

No. 2008-1106-CD

c.d.

Amended

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 Penny L. Bowser
 Address P.O. Box 406
Hyde, Pa. 16843
 Social Security Number 172 - 48 - 2670

b. Date of last employment Disabled

Employer _____

Address _____

Salary/Wages.....\$ _____

Type of work _____

c. Other Income:

Business/Profession.....	\$ <u>0</u>
Self-employment.....	\$ <u>0</u>
Interest.....	\$ <u>0</u>
Dividends.....	\$ <u>0</u>
Pension.....	\$ <u>0</u>
Annuities.....	\$ <u>0</u>
Social Security Benefits.....	\$ <u>380.00</u>
Support Payments.....	\$ <u>0</u>
Disability payments.....	\$ <u>259.00</u>
Unemployment Compensation/	
Supplements Benefits.....	\$ <u>27.50</u>
Workmen's Compensation.....	\$ <u>0</u>
Public Assistance.....	\$ <u>174.00</u>
Food Stamps.....	\$ <u>259.00</u>
Other.....	\$ <u>0</u>

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.....	\$ <u>0</u>
Checking Account.....	\$ _____
Savings Account.....	\$ <u>5.00</u>
Certificates of Deposit.....	\$ _____
Real Estate (including home).....	\$ _____
Motor Vehicle(s) - Make	<u>FORD RANGER</u>
Year	<u>1992</u>
Cost.....	\$ _____
Amount owed.....	\$ <u>0</u>

Stocks, bonds..... \$ 0
Other..... \$ _____
Other..... \$ _____
Other..... \$ _____

f. I have the following debts:

Utilities: \$ 41.00, explain Electric
\$ 174.00, explain Water
\$ 60.00, explain Phone
\$ 300.00, explain oil
Groceries: \$ 100.00
Rent/Mortgage: \$ 135.00, explain Rent
Loan(s): \$ 0.00, explain _____
Auto Expense: \$ 150.00, explain Gas / INSURANCE
Child Care: \$ 0.00, explain _____
Miscellaneous: \$ 160.00, explain Satellite / Clothing

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

Wife/Husband's name _____

Children, if any:

Name Katlyn Davis (Grandmother) Age 5
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.

6-10-08

Date

Penny L. Bowser

Petitioner

CONSENT FOR RELEASE OF CONFIDENTIAL INFORMATION

I, PENNY L. BOWSER, having file 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: 172 - 48 - 2470

Board of Assistance Number (food stamps, etc.): 814-745-7591

DATE: 4 / 10 / 08

Penny L. Bowser
signature

DATE: 6/10/08

NAME: PENNY L. BOWSER

TELEPHONE NUMBER: (814) 592 - 8444

ADDRESS: P.O. BOX 404
Hyde, Pa. 16843

OTHER PARTIES INVOLVED: Susquehanna Veterinary
Clinic

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 afford the fee due to my income and expenses I have. And taking care of my Granddaughter.

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

District Justice Appeal

In the Court of Common Pleas of Clearfield County, Pennsylvania

Civil Division

Susquehanna Veterinary Clinic

Plaintiff *

vs.

PENNY L. BOWSER

Defendant *

No. 2008-1106-CD C.D

FILED

JUN 20 2008

of 4:00

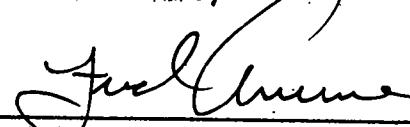
William A. Shaw
Prothonotary/Clerk of Courts

ORDER 1 CMA to DMR

NOW, this 20 day of June
2008, 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.
FJA

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

By the Court,



JUDGE FREDRIC J. AMMERMAN

RECEIVED
6-17-08

COMMONWEALTH OF PENNSYLVANIA

COURT OF COMMON PLEAS

46TH

Judicial District, County Of

CLEARFIELD CO.

NOTICE OF APPEAL

FROM

MAGISTERIAL DISTRICT JUDGE JUDGMENT

COMMON PLEAS No. 2008-1106-CO

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 Magisterial District Judge on the date and in the case referenced below.

NAME OF APPELLANT <u>PENNY L. BOWSER</u>	MAG. DIST. NO. <u>46-3-02</u>	NAME OF MDJ <u>RICHARD A. IRELAND</u>
ADDRESS OF APPELLANT <u>P.O. BOX 606</u>	CITY <u>Hyde</u>	STATE <u>Pa.</u>
ZIP CODE <u>16843</u>		
DATE OF JUDGMENT <u>5-27-08</u>	IN THE CASE OF (Plaintiff) <u>Susquehanna Veterinary Clinic</u>	(Defendant) <u>PENNY L. BOWSER</u>
DOCKET NO.		

SIGNATURE OF APPELLANT OR ATTORNEY OR AGENT

Penny L. Bowser

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

This Notice of Appeal, when received by the Magisterial District Judge, will operate as a SUPERSEDEAS to the judgment for possession in this case.

If appellant was Claimant (see Pa. R.C.P.D. J. No. 1001(6) in action before a Magisterial District Judge, A COMPLAINT MUST BE FILED within twenty

(20) days after filing the NOTICE of APPEAL.

Signature of Prothonotary or Deputy

FILED

JUN 20 2008

0/4:am
William A. Shaw

Prothonotary/Clerk of Courts

This section of form to be used ONLY when appellant was DEFENDANT (see Pa. R.C.P.D.J. No. 1001(7) in action before Magisterial District Judge. IF NOT USED, detach from copy of notice of appeal to be served upon appellee.

PRAECIPE: To Prothonotary

Enter rule upon Susquehanna Veterinary Clinic appellee(s), to file a complaint in this appeal
Name of appellee(s)

(Common Pleas No. 2008-1106-CO) within twenty (20) days after service of rule or suffer entry of judgment of non pros.

Penny L. Bowser

Signature of appellant or attorney or agent

RULE: To Susquehanna Vet. Clinic appellee(s)
Name of appellee(s)

OWNER

(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 JUDGMENT OF NON PROS MAY BE ENTERED AGAINST YOU.

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

Date JUN 20, 2008

W. A. Shaw

Signature of Prothonotary or Deputy

YOU MUST INCLUDE A COPY OF THE NOTICE OF JUDGMENT/TRANSCRIPT FORM WITH THIS NOTICE OF APPEAL.

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 Magisterial District Judge designated therein on
(date of service) _____, 20_____. by personal service by (certified) (registered) mail,
sender's receipt attached hereto, and upon the appellee, (name) _____ on
_____, 20_____. by personal service by (certified) (registered) mail,
sender's receipt attached hereto.

SWORN (AFFIRMED) AND SUBSCRIBED BEFORE ME

THIS _____ DAY OF _____, 20_____

Signature of official before whom affidavit was made

Signature of affiant

Title of official

My commission expires on _____, 20_____

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:

SUSQUEHANNA VETERINARY CLINIC
214 SCHOOL AVENUE
CLEARFIELD, PA 16830

NAME and ADDRESS

VS.
DEFENDANT:
BOWSER, PENNY, ET AL.
PO BOX 606
HYDE, PA 16843

NAME and ADDRESS

Docket No.: **CV-0000117-08**
Date Filed: **3/12/08**



THIS IS TO NOTIFY YOU THAT:

Judgment: **DEFAULT JUDGMENT PLTF** (Date of Judgment) **5/27/08**

Judgment was entered for: **(Name) SUSQUEHANNA VETERINARY CLINIC**

Judgment was entered against: **(Name) BOWSER, PENNY**
in the amount of \$ **700.96**

Defendants are jointly and severally liable.

Damages will be assessed on Date & Time _____

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	\$ 611.96
Judgment Costs	\$ 89.00
Interest on Judgment	\$.00
Attorney Fees	\$.00
Total	\$ 700.96
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 MAGISTERIAL DISTRICT JUDGES, 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 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.

MAY 28 2008

Date Ronald 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, **2012**

SEAL

AOPC 315-07

DATE PRINTED: **5/28/08 9:05:00 AM**

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:

SUSQUEHANNA VETERINARY CLINIC
214 SCHOOL AVENUE
CLEARFIELD, PA 16830

NAME and ADDRESS

DEFENDANT:

BOWSER, PENNY, ET AL.
PO BOX 606
HYDE, PA 16843

VS.

NAME and ADDRESS

Docket No.: **CV-0000117-08**
Date Filed: **3/12/08**



08-1106-CD

5/27/08

THIS IS TO NOTIFY YOU THAT:

DEFAULT JUDGMENT PLTF

Judgment: **DEFAULT JUDGMENT PLTF** (Date of Judgment) **5/27/08**

Judgment was entered for: (Name) **SUSQUEHANNA VETERINARY CLINIC**

Judgment was entered against: (Name) **BOWSER, PENNY**
in the amount of \$ **700.96**

Defendants are jointly and severally liable.

Damages will be assessed on Date & Time _____

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	\$ 611.96
Judgment Costs	\$ 89.00
Interest on Judgment	\$.00
Attorney Fees	\$.00
Total	\$ 700.96
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 MAGISTERIAL DISTRICT JUDGES, 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 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.

FILED

10:54 AM
JUN 25 2008

WA
William A. Shaw
Prothonotary/Clerk of Courts
Magisterial District Judge

MAY 28 2008

Date

Richard Ireland

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

JUN 23 2008

Date

Richard Ireland

, Magisterial District Judge

My commission expires first Monday of January, **2012**

SEAL

AOPC 315-07

DATE PRINTED: 5/28/08 9:05:00 AM

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:

SUSQUEHANNA VETERINARY CLINIC
214 SCHOOL AVENUE
CLEARFIELD, PA 16830

NAME and ADDRESS

DEFENDANT:

BOWSER, PENNY, ET AL.
PO BOX 606
HYDE, PA 16843

NAME and ADDRESS

Docket No.: **CV-0000117-08**
Date Filed: **3/12/08**



THIS IS TO NOTIFY YOU THAT:

DEFAULT JUDGMENT PLTF

(Date of Judgment) **5/27/08**

<input checked="" type="checkbox"/> Judgment was entered for: (Name) SUSQUEHANNA VETERINA, RY CLINI	<table border="1"><tr><td>Amount of Judgment</td><td>\$ 611.96</td></tr><tr><td>Judgment Costs</td><td>\$ 89.00</td></tr><tr><td>Interest on Judgment</td><td>\$.00</td></tr><tr><td>Attorney Fees</td><td>\$.00</td></tr><tr><td>Total</td><td>\$ 700.96</td></tr><tr><td>Post Judgment Credits</td><td>\$ _____</td></tr><tr><td>Post Judgment Costs</td><td>\$ _____</td></tr><tr><td colspan="2">Certified Judgment Total \$ _____</td></tr></table>	Amount of Judgment	\$ 611.96	Judgment Costs	\$ 89.00	Interest on Judgment	\$.00	Attorney Fees	\$.00	Total	\$ 700.96	Post Judgment Credits	\$ _____	Post Judgment Costs	\$ _____	Certified Judgment Total \$ _____	
Amount of Judgment		\$ 611.96															
Judgment Costs		\$ 89.00															
Interest on Judgment		\$.00															
Attorney Fees		\$.00															
Total	\$ 700.96																
Post Judgment Credits	\$ _____																
Post Judgment Costs	\$ _____																
Certified Judgment Total \$ _____																	
<input checked="" type="checkbox"/> Judgment was entered against: (Name) GRAHAM, MIKE in the amount of \$ 700.96																	
<input type="checkbox"/> Defendants are jointly and severally liable.																	
<input type="checkbox"/> Damages will be assessed on Date & Time _____																	
<input type="checkbox"/> This case dismissed without prejudice.																	
<input type="checkbox"/> Amount of Judgment Subject to Attachment/42 Pa.C.S. § 8127 \$ _____																	
<input type="checkbox"/> Portion of Judgment for physical damages arising out of residential lease \$ _____																	

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 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 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.

MAY 28 2008 Date Ricardo Ireland, Magisterial District Judge

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

JUN 23 2008 Date Ricardo Ireland, Magisterial District Judge

My commission expires first Monday of January, **2012**

SEAL

AOPC 315-07

DATE PRINTED: **5/28/08** **9:06:00 AM**