

08-1106-CD

Susquehanna Vets vs Penny Bowser

COURT OF COMMON PLEAS OF CLEARFIELD COUNTY
PENNSYLVANIA

FILED

JUN 17 2008

William A. Shaw
Prothonotary/Clerk of Courts

PENNY L. BOWSER
(Plaintiff)

CIVIL ACTION

P.O. Box 606
(Street Address)

No. 2008-1106-CD

Hyde, Pa. 16843
(City, State ZIP)

Type of Case: D. & Justice
APPEND

Type of Pleading: I.F.P.

vs.

Succohanna Veterinary Clinic
(Defendant)

Filed on Behalf of:

PENNY L. BOWSER
(Plaintiff/Defendant)

241 School Ave.
(Street Address)

Clearfield, Pa. 16830
(City, State ZIP)

ORIGINAL
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

JUN 17 2008

William A. Shaw

Prothonotary/Clerk of Courts

PENNY L. BOWSER
(Plaintiff)

CIVIL ACTION

P.O. Box 606
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VS.

Succohanna Veterinary Clinic
(Defendant)

Filed on Behalf of:

PENNY L. BOWSER
(Plaintiff/Defendant)

241 School Ave.
(Street Address)

Clearfield, Pa. 16830
(City, State ZIP)

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

FILED

JUN 17, 2008

William A. Shaw
Prothonotary/Clerk of Courts

PENNY L. BOWSER

Plaintiff

vs.

SUCQUEHANNA VETERINARY CLINIC

Defendant

No. 2008-1106-C0 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 & SSD

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..... \$ 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 Car Insurance~~ Oil
Groceries: \$ 100.00
Rent/Mortgage: \$ 135.00, explain Rent
Loan(s): \$ 0.00, explain _____
Auto Expense: \$ 125.00, explain GAS-INSURANCE
Child Care: \$ 0.00, explain _____
Miscellaneous: \$ 100.00, explain Clothing

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 L. Bowser
Petitioner

I, PENNYL 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
 Board of Assistance Number (food stamps, etc.): 92307 ^{Record} _{Number}
814-765-7591

DATE: 6 / 10 / 08 PennyL. 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: Sucquehanna 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

011117

William A. Shaw
Prothonotary/Clerk of Courts

No. 9C.

Susquehanna Veterinary Clinic
(Plaintiff)

CIVIL ACTION

241 School Ave
(Street Address)

No. 2008-1106-CD

Clearfield, Pa. 16830
(City, State ZIP)

Type of Case: Dist. Justice

APPEAL

Type of Pleading: IFP
AMENDED

VS.

Filed on Behalf of:

Penny L. Bowser
(Defendant)

Penny L. Bowser
(Plaintiff/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 Courts

SUSQUEHANNA 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

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 Disabled

Employer _____

Address _____

Salary/Wages..... \$ _____

Type of work _____

c. Other Income:

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

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..... \$ 0

Checking Account..... \$

Savings Account..... \$ 5.00

Certificates of Deposit..... \$

Real Estate (including home)..... \$

Motor Vehicle(s) - Make FORD RANGER

Year 1992

Cost..... \$

Amount owed..... \$ 0

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., explain _____
Auto Expense: \$ 150.00, explain GAS / INSURANCE
Child Care: \$ 0., explain _____
Miscellaneous: \$ 140.00, explain Satalite / Clothing

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

Penny L. Bouser
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 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 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

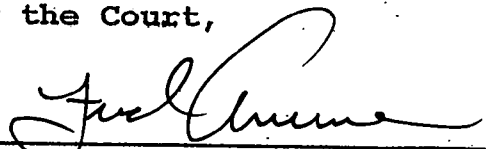
1 copy to Dan

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~~.

ETA

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

CLEARFORD CO.

NOTICE OF APPEAL

FROM

MAGISTERIAL DISTRICT JUDGE JUDGMENT

COMMON PLEAS No. 2008-1106-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 Magisterial District Judge on the date and in the case referenced below.

NAME OF APPELLANT PENNY L. BOWSER	MAG. DIST. NO. 46-3-02	NAME OF MDJ RICHARD A. IRELAND
ADDRESS OF APPELLANT P.O. BOX 606	CITY HYDE	STATE Pa.
DATE OF JUDGMENT 5-27-08	IN THE CASE OF (Plaintiff) SUSQUEHANNA VETERINARY CLINIC	(Defendant) PENNY L. BOWSER
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

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.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-CD**) 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. D. D.

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: NAME and ADDRESS
SUSQUEHANNA VETERINARY CLINIC
214 SCHOOL AVENUE
CLEARFIELD, PA 16830

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

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 VETERINA, RY CLINI**

☒ 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 *Richard A. 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

COMMONWEALTH OF PENNSYLVANIA
COUNTY OF: **CLEARFIELD**

**NOTICE OF JUDGMENT/TRANSCRIPT
CIVIL CASE**

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**

PLAINTIFF:

NAME and ADDRESS

**SUSQUEHANNA VETERINARY CLINIC
214 SCHOOL AVENUE
CLEARFIELD, PA 16830**

DEFENDANT:

VS.

NAME and ADDRESS

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

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 VETERINA, RY CLINI**

☒ 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
\$ _____

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residential lease \$ _____

Amount of Judgment	\$ 611.96
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Attorney Fees	\$.00
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Post Judgment Costs	\$ _____
Certified Judgment Total	\$ _____

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FILED

JUN 25 2008

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

**NOTICE OF JUDGMENT/TRANSCRIPT
CIVIL CASE**

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**

PLAINTIFF: NAME and ADDRESS
**SUSQUEHANNA VETERINARY CLINIC
214 SCHOOL AVENUE
CLEARFIELD, PA 16830**

VS.
DEFENDANT: NAME and ADDRESS
**BOWSER, PENNY, ET AL.
PO BOX 606
HYDE, PA 16843**

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

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 VETERINA, RY CLINI**

☒ Judgment was entered against: (Name) **GRAHAM, MIKE**
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 *Richard 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 *Richard Ireland*, Magisterial District Judge

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

SEAL