

08-2459-CD
Comm of PA vs James F. Main

IN THE COURT OF COMMON PLEAS OF
CLEARFIELD COUNTY, PENNSYLVANIA

DOCKET # 08-2459-CD
DATE ENTERED: 12/29/08

CERTIFIED COPY OF LIEN

TO THE PROTHONOTARY OF SAID COURT:

Pursuant to 43 P.S. §§ 874(a) and 788.1, this is a Certified Copy of Lien for overpaid unemployment compensation benefits and interest to be entered of record by you and indexed as judgments are indexed.

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF LABOR AND INDUSTRY
TO THE USE OF THE
UNEMPLOYMENT COMPENSATION FUND

vs.

JAMES F MAIN
114 S FRANKLIN ST
DUBOIS PA 15801

Social Security Account Number: XXX-XX-0131

Job Center # 0994

Claim Week Ending Date	Overpaid Amount
07/10/04	\$170.00
08/14/04	\$170.00
08/21/04	\$170.00
08/28/04	\$170.00
09/04/04	\$170.00
09/11/04	\$170.00
09/18/04	\$170.00
09/25/04	\$170.00
10/02/04	\$170.00
10/09/04	\$170.00
10/16/04	\$170.00
10/23/04	\$170.00
10/30/04	\$170.00
11/06/04	\$170.00

Claim Week Ending Date	Overpaid Amount
11/13/04	\$170.00
11/20/04	\$170.00
11/27/04	\$170.00
12/04/04	\$170.00
12/11/04	\$170.00
12/18/04	\$170.00
12/25/04	\$170.00
01/01/05	\$166.00
01/08/05	\$166.00
01/15/05	\$166.00
01/22/05	\$166.00
01/29/05	\$166.00
02/05/02	\$166.00

Claim Week Ending Date	Overpaid Amount

Claim Week Ending Date	Overpaid Amount

S
FILED
m/12/2008
DEC 29 2008
William A. Shaw
Prothonotary/Clerk of Courts
LCB Piff
Piff pd.
25.00

Total Overpaid Amount	\$4,566.00
Minus Amount Repaid	\$300.00
Principal Balance Due	\$4,266.00
Plus Interest	\$1,335.55
Total Due	\$5,601.55
Filing Fee	\$25.00

Additional interest will accrue on the balance due of the above overpaid unemployment compensation benefits after 11/30/08. For the total amount due on this lien, phone (717) 783-3140.

The undersigned, Director, Office of Unemployment Compensation Benefits (OUCB), Department of Labor and Industry of the Commonwealth of Pennsylvania, certifies that the above person is obligated, pursuant to 43 P.S. § 874(a) to repay the above overpaid unemployment compensation benefits received by him/her together with interest thereon, charged per month or fraction of a month, beginning fifteen (15) days after the Notice of Overpayment was issued and continuing until the overpaid benefits are repaid. The interest rate is determined by the Secretary of Revenue as provided by Section 806 of the Fiscal Code. In accordance with 43 P.S. §§ 874(a) and 788.1, the above overpaid unemployment compensation benefits and interest are a lien upon the franchises and property, both real and personal, including after-acquired property, of the above person and attach thereto from the date of entry of this Certified Copy of Lien.

Sandra B. Smith

Director, Office of Unemployment Compensation Benefits (OUCB)

December 19, 2008

Date

IN THE COURT OF COMMON PLEAS OF
COUNTY, PENNSYLVANIA

DOCKET # _____
DATE ENTERED _____

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF LABOR & INDUSTRY
TO THE USE OF THE
UNEMPLOYMENT COMPENSATION FUND

VS.

This is the Certified Copy of Lien which has been filed with the
Prothonotary of the Court designated on the reverse side of this notice.

The Department of Labor & Industry of the Commonwealth of Pennsylvania,
at the expiration of ten (10) days after the receipt of this notice, is authorized
by law to execute upon this lien. This means that your property may be levied
upon, attached and sold to the extent necessary to satisfy this lien. Execution
will not occur if this lien is satisfied.

Payment should be made by a Cashier's Check, Certified Check or Money
Order made payable to the Pennsylvania Unemployment Compensation Fund.
Your Social Security Number should be affixed to the lower left corner of the
check or money order, which should be mailed to the address below:

CERTIFIED COPY OF LIEN UNDER
PENNSYLVANIA UNEMPLOYMENT
COMPENSATION LAW

Office of Unemployment Compensation Benefits
UI Payment Services
651 Boas Street, Fifth Floor
Harrisburg, Pennsylvania 17121-0750
(717) 783-3140

Any questions concerning this lien can be directed to the above address.

*Auxiliary aids and services are available upon request to individuals with disabilities.
Equal Opportunity Employer/Program*

TO BE RETAINED BY RECORDING OFFICE