

COMMONWEALTH OF PENNSYLVANIA

CIVIL COMPLAINT

COUNTY OF: \_\_\_\_\_

Magisterial District Number:
District Justice Name: Hon.
Address:
Telephone: (     )

PLAINTIFF:	NAME and ADDRESS	_____
		_____
	<b>VS.</b>	_____
DEFENDANT:	NAME and ADDRESS	_____
		_____

Docket No.:
Date Filed:



	AMOUNT	DATE PAID
FILING COSTS	\$ _____	____ / ____ / ____
SERVING COSTS	\$ _____	____ / ____ / ____
TOTAL	\$ _____	____ / ____ / ____

**TO THE DEFENDANT:** The above named plaintiff(s) asks judgment against you for \$\_\_\_\_\_ together with costs upon the following claim (Civil fines must include citation of the statute or ordinance violated):

I, \_\_\_\_\_ verify that the facts set forth in this complaint are true and correct to the best of my knowledge, information, and belief. This statement is made subject to the penalties of Section 4904 of the Crimes Code (18 PA. C.S. § 4904) related to unsworn falsification to authorities.

Plaintiff's Attorney:	_____	(Signature of Plaintiff or Authorized Agent)
Address:	_____	_____
Telephone: (     )	_____	_____

**IF YOU INTEND TO ENTER A DEFENSE TO THIS COMPLAINT, NOTIFY THIS OFFICE IMMEDIATELY AT THE ABOVE TELEPHONE NUMBER. YOU MUST APPEAR AT THE HEARING AND PRESENT YOUR DEFENSE. UNLESS YOU DO, JUDGMENT WILL BE ENTERED AGAINST YOU BY DEFAULT.**

If you have a claim against the plaintiff which is within district justice jurisdiction and which you intend to assert at the hearing, you must file it on a complaint form at this office at least five (5) days before the date set for the hearing. If you have a claim against the plaintiff which is not within district justice jurisdiction, you may request information from this office as to the procedures you may follow. **If you are disabled and require assistance, please contact the Magisterial District office at the address above.**