

IMPORTANT

The following form is not complete. It cannot be used to file a complaint.

You should obtain full and complete multiple-page complaint form at your local Magisterial District Judge Office. The Magisterial District Judge may help you fill out the form, if you ask.

Attached is a sample of the Civil Complaint form that you may use to file a complaint for money damages in Magisterial District Judge court.

INSTRUCTIONS

Completing a Civil Complaint or Counterclaim

Note: Please Type all Court Forms if Possible. If Necessary, Print Neatly.

1. Fill in the plaintiff's name and address. If you are suing or countersuing someone, you are the Plaintiff.
2. Fill in the Defendant's name and address. If more than one person owes you the money you are asking for in the complaint, list all the names here. If you are filing a counterclaim, the Defendant is the person(s) who originally filed suit against you.
3. Fill in the filing costs (the Magisterial District Judge's clerk may do this). There is a filing fee between \$50-\$110, or more. Every jurisdiction is different, so ask at the Magisterial District Judge's office for the amount of the fee. Remember, you can ask that the filing fee be waived by submitting an IFP petition to the Magisterial District Judge.*

*If you are filing a counterclaim you do not have to pay a filing fee.
4. Enter the dollar amount of the damages you are seeking.
5. Describe the date, time and place of the transaction and the reason you are entitled to a judgment.
6. Print your name.
7. Sign your name. When you sign your name, you are swearing that what you have stated is true.
8. Leave the attorney information blank.
9. The Magisterial District Judge will insert the hearing time and date on the form and the address of the magisterial office on the complaint form.

At the time the complaint is filed, the Magisterial District Judge will set a hearing date which will not be less than 12 or more than 60 days from the date the complaint is filed. Counterclaims are heard at the same time as the hearing scheduled on the original complaint filed against you.

The Magisterial District Judge will serve the defendant with a copy of the complaint form at least 10 days before the hearing.

COMMONWEALTH OF PENNSYLVANIA
COUNTY OF: _____

CIVIL COMPLAINT

MAG. DIST. NO.:
DJ NAME: Hon.
Address:
Telephone:

PLAINTIFF: _____
NAME and ADDRESS


VS. PHONE: _____

DEFENDANT: _____
NAME and ADDRESS

Sample Only

PHONE: _____

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):

Sample Only

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. S.C.A. § 4904) related to unsworn falsification to authorities.

(Signature of Plaintiff or Authorized Agent)

Plaintiff's Attorney: _____ 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.

INSTRUCTIONS

How to Complete a Petition to Proceed In Forma Pauperis (IFP)

Note: Please Type all Court Forms if Possible. If Necessary, Print Neatly.

To begin any lawsuit you must pay a filing fee. However, having the filing fee waived may be possible if you can prove to the court that you cannot afford to pay the fee. Magisterial District Judge Rule 206E gives you the right to request In Forma Pauperis (IFP) status.

To do this, you must file a Petition to Proceed In Forma Pauperis. An IFP is a detailed list of your income and expenses. The IFP form also includes an affidavit, you are required to sign, stating that you cannot pay the costs associated with filing your lawsuit. You must complete the IFP and file it at the Magisterial District Judge office. The following are step-by-step instructions on how to fill out the IFP.

As in your complaint and order, complete the caption with all the parties' legal names, the docket number if they have assigned one and the type of case.

1. State whether you are the plaintiff or defendant.

3. (a) Fill in your name, address and social security number.

3. (b) If you are currently employed, print your employer's name, address your monthly salary, and the type of work you do. If you are not currently employed, fill in the dates of your last employment (if none, write "none"), your wages at your last job and the type of work you did.

3. (c) List any other income you received within the last twelve (12) months. If any of the entries apply to you, fill in your average monthly income from that source. If any entry does not apply, simply write in "none".

3. (d) List any income that other people in your household receive. If someone is not a member in your household, do not list their income here. If none of these apply, simply write in "none".

3. (e) List any property you own. If you do not have any of the type of property

listed, simply write in “none”.

3. (f) Fill in an average monthly figure where applicable and write “none” to a type of debt that does not apply to you. [Note: The “other” category is quite broad. You can use this category to list your average monthly electric, gas, oil, telephone and cable TV bills. You can also list miscellaneous expenses such as hospital bills, laundry, haircuts and food here. Make sure you list each expense and identify it.]

3. (g) List the people who depend on you for support. If you have a child(ren), list their names and ages here. Also, list any other people dependant upon you for support and their relationship to you.

4. & 5. These are standard statements that need to be included in your petition as they appear.

When you have completed the affidavit portion of the IFP, sign and date it at the bottom.

NOTE: A blank IFP form is enclosed. If your Magisterial District Judge does not have an IFP form for you to fill out, you may complete the attached form and submit it when you file your complaint.

COMMONWEALTH OF PENNSYLVANIA
COUNTY OF _____

_____,
Plaintiff(s)
VS.
_____,
Defendant(s)

: DOCKET NO.
: DATE FILED:
:
:
:
:
:

PETITION TO PROCEED IN FORMA PAUPERIS

I hereby request that I be permitted to proceed in forma pauperis (without payment of the filing fee). In support of this I state the following:

1. I am the (Plaintiff)(Defendant) in the above matter and because of my financial condition 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 and associates, to pay the costs of litigation.
3. I represent that the information below relating to my ability to pay the fees and costs is true and correct:

(a) Name: _____
Address: _____
Social Security No.: _____

(b) Employment - If you are presently employed, state:
Employer: _____

Address: _____

Salary or wages per month: _____

Type of work: _____

If you are presently unemployed, state:

Date of last employment: _____

Salary or wages per month: _____

Type of work: _____

(c) Other income within the past twelve months

Business or profession: _____

Other self-employment: _____

Interest: _____

Dividends: _____

Pension and annuities: _____

Social Security benefits: _____

Support payments: _____

Disability payments: _____

Unemployment compensation and supplemental benefits: _____

Workman's compensation: _____

Public assistance: _____

Other: _____

(d) Other contributions to household support

Spouse's name: _____

If your spouse is employed, state: _____

Employer: _____

Salary or wages per month: _____

Type of work: _____

Contributions from children: _____

Contributions from parents: _____

Other contributions: _____

(e) Property owned

Cash: _____

Checking account: _____

Savings account: _____

Certificates of deposit: _____

Real estate (including home): _____

Motor vehicle: Make _____ Year _____

Cost \$ _____ Amount owed \$ _____

Stocks; bonds: _____

Other: _____

(f) Debts and obligations

Mortgage: _____

Rent: _____

Loans: _____

Other: _____

(g) Persons dependent upon you for support:

Spouse's name: _____

Children, if any:

Name

Age

Other persons:

Name

Relationship

4. I understand that I have a continuing obligation to inform the court of improvement in my financial circumstances which would permit me to pay the costs incurred herein.

5. 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. § 4904, relating to unsworn falsification to authorities.

Date

Plaintiff

Action by the Magisterial District Judge:

Date

Magisterial District Judge