COMMONWEALTH OF PENNSYLVANIA
COUNTY OF: _____

CIVIL COMPLAINT

Magisterial District Number:

District Justice Name: Hon.

Address:

Telephone: ( )

PLAINTIFF: **NAME and ADDRESS**

VS.

DEFENDANT: **NAME and ADDRESS**

Docket No.:

Date Filed:

	AMOUNT	DATE PAID
FILING COSTS	$	/ /
POSTAGE	$	/ /
SERVICE COSTS	$	/ /
CONSTABLE ED.	$	/ /
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.

_____
(**Signature of Plaintiff or Authorized Agent**)

Plaintiff's Attorney: _____ **Address:** _____

Telephone: ( ) _____ _____

IF YOU INTEND TO ENTER A DEFENSE TO THIS COMPLAINT, YOU SHOULD SO NOTIFY THIS OFFICE IMMEDIATELY AT THE ABOVE TELEPHONE NUMBER. YOU MUST APPEAR AT THE HEARING AND PRESENT YOUR DEFENSE. UNLESS YOU DO, JUDGMENT MAY 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 are disabled and require a reasonable accommodation to gain access to the Magisterial District Court and its services, please contact the Magisterial District Court at the above address or telephone number. We are unable to provide transportation.