

Disclaimer

The purpose of the information listed on website is to be helpful to those who have questions. Please note that absolutely **NO** information found should be used as legal advice. Personnel are **NOT** permitted to give any legal advice. If you have any questions concerning legality, please contact an attorney. This is pursuant to Purdon's Chapter 27.

Self-represented litigants are held to the same standards as attorneys admitted to the bar of the Commonwealth of Pennsylvania. Representing yourself does not exempt you from understanding and following statewide and local Rules of Court. For your protection, be sure to verify you have met all up-to-date requirements.

IF YOU NEED LEGAL ADVICE AND CANNOT AFFORD AN ATTORNEY, CONTACT LAUREL LEGAL SERVICES, INC.



LAUREL LEGAL SERVICES, INC.

LOCATED AT:

225-227 FRANKLIN STREET

400 FRANKLIN CENTER

JOHNSTOWN, PA 15901

PHONE: (814) 536-8917

WEBSITE: laurellegalservices.org

Supreme Court of Pennsylvania

Court of Common Pleas Civil Cover Sheet

CAMBRIA

County

For Prothonotary Use Only:

Docket No:

FILED

The information collected on this form is used solely for court administration purposes. This form does not supplement or replace the filing and service of pleadings or other papers as required by law or rules of court.

SECTION A

Commencement of Action:

Complaint
 Writ of Summons
 Petition
 Transfer from Another Jurisdiction
 Declaration of Taking

Lead Plaintiff's Name: _____ Lead Defendant's Name: _____

Are money damages requested? Yes No Dollar Amount Requested: within arbitration limits (check one) outside arbitration limits

Is this a *Class Action Suit*? Yes No Is this an *MDJ Appeal*? Yes No

Name of Plaintiff/Appellant's Attorney: _____

Check here if you have no attorney (are a Self-Represented [Pro Se] Litigant)

SECTION B

Nature of the Case: Place an "X" to the left of the ONE case category that most accurately describes your **PRIMARY CASE**. If you are making more than one type of claim, check the one that you consider most important.

<p>TORT (do not include Mass Tort)</p> <input type="checkbox"/> Intentional <input type="checkbox"/> Malicious Prosecution <input type="checkbox"/> Motor Vehicle <input type="checkbox"/> Nuisance <input type="checkbox"/> Premises Liability <input type="checkbox"/> Product Liability (does not include mass tort) <input type="checkbox"/> Slander/Libel/ Defamation <input type="checkbox"/> Other: _____ _____	<p>CONTRACT (do not include Judgments)</p> <input type="checkbox"/> Buyer Plaintiff <input type="checkbox"/> Debt Collection: Credit Card <input type="checkbox"/> Debt Collection: Other _____ _____ <input type="checkbox"/> Employment Dispute: Discrimination <input type="checkbox"/> Employment Dispute: Other _____ _____ <input type="checkbox"/> Other: _____ _____	<p>CIVIL APPEALS</p> Administrative Agencies <input type="checkbox"/> Board of Assessment <input type="checkbox"/> Board of Elections <input type="checkbox"/> Dept. of Transportation <input type="checkbox"/> Statutory Appeal: Other _____ _____ <input type="checkbox"/> Zoning Board <input type="checkbox"/> Other: _____ _____
<p>MASS TORT</p> <input type="checkbox"/> Asbestos <input type="checkbox"/> Tobacco <input type="checkbox"/> Toxic Tort - DES <input type="checkbox"/> Toxic Tort - Implant <input type="checkbox"/> Toxic Waste <input type="checkbox"/> Other: _____ _____	<p>REAL PROPERTY</p> <input type="checkbox"/> Ejectment <input type="checkbox"/> Eminent Domain/Condemnation <input type="checkbox"/> Ground Rent <input type="checkbox"/> Landlord/Tenant Dispute <input type="checkbox"/> Mortgage Foreclosure: Residential <input type="checkbox"/> Mortgage Foreclosure: Commercial <input type="checkbox"/> Partition <input type="checkbox"/> Quiet Title <input checked="" type="checkbox"/> Other: _____ _____	<p>MISCELLANEOUS</p> <input type="checkbox"/> Common Law/Statutory Arbitration <input type="checkbox"/> Declaratory Judgment <input type="checkbox"/> Mandamus <input type="checkbox"/> Non-Domestic Relations Restraining Order <input type="checkbox"/> Quo Warranto <input type="checkbox"/> Replevin <input type="checkbox"/> Other: _____ _____
<p>PROFESSIONAL LIABILITY</p> <input type="checkbox"/> Dental <input type="checkbox"/> Legal <input type="checkbox"/> Medical <input type="checkbox"/> Other Professional: _____ _____		

**IN THE COURT OF COMMON PLEAS OF CAMBRIA COUNTY
COMMONWEALTH OF PENNSYLVANIA**

IN RE: CERTIFICATE OF TITLE FOR

(VIN Number)

NO. _____

PETITION FOR CERTIFICATE OF TITLE TO MOTOR VEHICLE

The Petitioner(s) _____, request(s) that this court approve the issuance of a Certificate of Title to Petitioner(s) for the motor vehicle described below, and in support thereof, represent(s) as follows:

1. Petitioner(s) is/are an adult individual(s) who presently reside(s) at:

2. Petitioner(s) is/are the owners of the following motor vehicle:

a. Vehicle Description: _____

b. Vehicle Identification Number (VIN): _____

3. Title to this vehicle on records of the Pennsylvania Bureau of Motor Vehicles is registered to _____, whose last known address is

4. There are no liens or encumbrances against the vehicle except: _____

5. Petitioner(s) request(s) a Certificate of Title for the vehicle for the following reasons:

Respectfully submitted,

Petitioner(s)

Telephone Number _____

The above statements are true and correct to the best of my/our knowledge, information and belief. I/We understand that false statements herein are made subject to the penalties of 18 Pa.CSA 4904 relating to sworn falsification to authorities.