

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:

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Supreme Court of Pennsylvania

Court of Common Pleas Civil Cover Sheet

CAMBRIA

County

<i>For Prothonotary Use Only:</i>	
Docket No:	

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:	
<input type="checkbox"/> Complaint	<input type="checkbox"/> Writ of Summons
<input type="checkbox"/> Transfer from Another Jurisdiction	<input type="checkbox"/> Petition
	<input type="checkbox"/> Declaration of Taking
Lead Plaintiff's Name:	Lead Defendant's Name:
Are money damages requested? <input type="checkbox"/> Yes <input type="checkbox"/> No	Dollar Amount Requested: <input type="checkbox"/> within arbitration limits (check one) <input type="checkbox"/> outside arbitration limits
Is this a <i>Class Action Suit</i> ? <input type="checkbox"/> Yes <input type="checkbox"/> No	Is this an <i>MDJ Appeal</i> ? <input type="checkbox"/> Yes <input type="checkbox"/> No
Name of Plaintiff/Appellant's Attorney: _____	
<input type="checkbox"/> 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 checked="" 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 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 LYCOMING COUNTY, PENNSYLVANIA

_____ ,	: NO.
Appellant	:
	:
vs.	: CIVIL ACTION - LAW
	:
COMMONWEALTH OF PENNSYLVANIA,	:
DEPARTMENT OF TRANSPORTATION,	:
Appellee	:

PETITION FOR APPEAL FROM A SUSPENSION OF AN INSPECTION MECHANIC/STATION CERTIFICATE

1. Appellant herein is _____,
 residing at and having a mailing address of: _____

 and telephone number of _____.

2. Appellee herein is the Department of Transportation of the Commonwealth of Pennsylvania, having a mailing address of: Department of Transportation, Bureau of Motor Vehicles, Harrisburg, Pennsylvania 17123.

3. By letter or notice dated _____, a copy of which is attached hereto as Exhibit A, the Department of Transportation suspended the Appellant's inspection mechanic/station certificate and ordered Appellant to return the Certificate of Appointment immediately.

4. Appellant has / has not surrendered the Certificate of Appointment as directed by the Department of Transportation. _____ Appellant requests the Court stay the suspension pending appeal.

VERIFICATION

I verify that the statements made in this Petition are true and correct. I understand that false statements herein are made subject to the penalties of 18 Pa.C.S. Section 4904, relating to unsworn falsification to authorities.

Date: _____

(signature of Appellant)