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COMMONWEALTH OF PENNSYLVANIA
COUNTY OF PHILADELPHIA

Confidential Case Information Form

SUBMIT TO:
Public Access Unit
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First Judicial District of Pennsylvania
Room 368 City Hall
Philadelphia, PA 19107

_____

VS.

_____

Case No. _____

CONFIDENTIAL INFORMATION (*Attach additional pages as necessary*)	
NAME: _____ ☐ **Plaintiff** ☐ **Defendant** ☐ **Other:** _____	**Confidential/Financial Information**
NAME: _____ ☐ **Plaintiff** ☐ **Defendant** ☐ **Other:** _____	**Confidential/Financial Information**
NAME: _____ ☐ **Plaintiff** ☐ **Defendant** ☐ **Other:** _____	**Confidential/Financial Information**
NAME: _____ ☐ **Plaintiff** ☐ **Defendant** ☐ **Other:** _____	**Confidential/Financial Information**

Name: _____ **Signature:** _____

Attorney #: _____ **Telephone:** ___(____)_____

Address: _____

8-14-13