

**FIRST JUDICIAL DISTRICT, COURT OF COMMON PLEAS
TRIAL DIVISION
OFFICE OF JUDICIAL RECORDS – CIVIL**



- OPTIONAL FORM -

**COMPLAINT FOR EQUITABLE RELIEF- POSSESSION/RE-ENTER
PURSUANT TO PA.R.C.P. 1531**

NOTICE:

The attached form is being offered by the court as an optional resource for people who do not have an attorney. It is not mandatory that you use this form. You are free to create your own document and research legal information for your document if you do not choose to use the court's resources.

This form is also not intended to take the place of legal advice or an attorney. If you need assistance finding an attorney to represent you or give you advice, our court staff can give you information on legal service organizations that may be able to help you.

This court form is intended for non-attorneys only

Trial Division
Civil Cover Sheet

PLAINTIFF'S NAME	DEFENDANT'S NAME
PLAINTIFF'S ADDRESS	DEFENDANT'S ADDRESS
PLAINTIFF'S NAME	DEFENDANT'S NAME
PLAINTIFF'S ADDRESS	DEFENDANT'S ADDRESS
PLAINTIFF'S NAME	DEFENDANT'S NAME
PLAINTIFF'S ADDRESS	DEFENDANT'S ADDRESS

TOTAL NUMBER OF PLAINTIFFS	TOTAL NO. OF DEFENDANTS	COMMENCEMENT OF ACTION
		<input checked="" type="checkbox"/> Complaint <input type="checkbox"/> Petition Action <input type="checkbox"/> Notice of Appeal <input type="checkbox"/> Writ of Summons <input type="checkbox"/> Transfer From Other Jurisdictions

AMOUNT IN CONTROVERSY	COURT PROGRAMS
<input type="checkbox"/> \$50,000.00 or less <input type="checkbox"/> More than \$50,000.00	<input type="checkbox"/> Arbitration <input type="checkbox"/> Mass Tort <input type="checkbox"/> Minor Court Appeal <input type="checkbox"/> Settlement <input type="checkbox"/> Jury <input type="checkbox"/> Savings Action <input type="checkbox"/> Statutory Appeals <input type="checkbox"/> Minors <input checked="" type="checkbox"/> Non-Jury <input type="checkbox"/> Petition <input type="checkbox"/> Commerce (Completion of Addendum Required) <input type="checkbox"/> W/D/Survival <input type="checkbox"/> Other: _____

CASE TYPE AND CODE (SEE INSTRUCTIONS)

10 – Contract, Other

STATUTORY BASIS FOR CAUSE OF ACTION (SEE INSTRUCTIONS)

RELATED PENDING CASES (LIST BY CASE CAPTION AND DOCKET NUMBER)	IS CASE SUBJECT TO COORDINATION ORDER?								
	<table border="0"> <tr> <td>Yes</td> <td>No</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </table>	Yes	No	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Yes	No								
<input type="checkbox"/>	<input type="checkbox"/>								
<input type="checkbox"/>	<input type="checkbox"/>								
<input type="checkbox"/>	<input type="checkbox"/>								

TO THE OFFICE OF JUDICIAL RECORDS, TRIAL DIVISION -CIVIL:
 Kindly enter my appearance on behalf of Plaintiff/Petitioner/Appellant: Papers may be served at the address set forth below.

NAME OF PLAINTIFF OR PLAINTIFF'S/PETITIONER'S/APPELLANT'S ATTORNEY	ADDRESS (SEE INSTRUCTIONS)
PHONE NUMBER	FAX NUMBER
SUPREME COURT ATTORNEY IDENTIFICATION NO.	E-MAIL ADDRESS
SIGNATURE	DATE

**FIRST JUDICIAL DISTRICT OF PENNSYLVANIA
COURT OF COMMON PLEAS OF PHILADELPHIA**

PLAINTIFF(S): *(Write the name and street address, city, state and zip code of each plaintiff in the section below)*

v.

DEFENDANT(S): *(Write the name, street address, city, state and zip code of each defendant in the section below)*

NOTICE TO DEFEND

NOTICE

You have been sued in court. If you wish to defend against the claims set forth in the following pages, you must take action within twenty (20) days after this complaint and notice are served, by entering a written appearance personally or by attorney and filing in writing with the court your defenses or objections to the claims set forth against you. You are warned that if you fail to do so the case may proceed without you and a judgment may be entered against you by the court without further notice for any money claimed in the complaint or for any other claim or relief requested by the plaintiff. You may lose money or property or other rights important to you.

You should take this paper to your lawyer at once. If you do not have a lawyer or cannot afford one, go to or telephone the office set forth below to find out where you can get legal help.

**Philadelphia Bar Association
Lawyer Referral and Information Service
One Reading Center
Philadelphia, Pennsylvania 19107
(215) 238-6333
TTY (215) 451-6197**

AVISO

Le han demandado a usted en la corte. Si usted quiere defenderse de estas demandas expuestas en las paginas siguientes, usted tiene veinte (20) dias de plazo al partir de la fecha de la demanda y la notificacion. Hace falta ascantar una comparencia escrita o en persona o con un abogado y entregar a la corte en forma escrita sus defensas o sus objeciones a las demandas en contra de su persona. Sea avisado que si usted no se defiende, la corte tomara medidas y puede continuar la demanda en contra suya sin previo aviso o notificacion. Ademas, la corte puede decidir a favor del demandante y requiere que usted cumpla con todas las provisiones de esta demanda. Usted puede perder dinero o sus propiedades u otros derechos importantes para usted.

Lleve esta demanda a un abogado inmediatamente. Si no tiene abogado o si no tiene el dinero suficiente de pagar tal servicio. Vaya en persona o llame por telefono a la oficina cuya direccion se encuentra escrita abajo para averiguar donde se puede conseguir asistencia legal.

**Asociacion De Licenciados De Filadelfia
Servicio De Referencia E Informacion Legal
One Reading Center
Filadelfia, Pennsylvania 19107
(215) 238-6333
TTY (215) 451-6197**

Person Filing this Document: _____
(Name)

Street Address: _____

City, State, Zip Code: _____

Telephone: _____

Email Address: _____

**IN THE COURT OF COMMON PLEAS PHILADELPHIA COUNTY
FIRST JUDICIAL DISTRICT OF PENNSYLVANIA
TRIAL DIVISION - CIVIL**

Plaintiff

Case Number

v.

Defendant

COMPLAINT FOR INJUNCTIVE RELIEF - POSSESSION

Plaintiff(s) hereby submit this complaint against the Defendant(s) and allege the following:

PARTIES

1. My name is:

2. I am asking the court to restore to my ability to access to this address:

Address (Street, City, State, Zip Code)

3. My association with the above address is: *(Check all that apply)*

Resident

Tenant

Owner

Other: *(State your association below)*

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4. The date the lockout occurred was: *(If the date is unknown, write "Unknown.")*

Lockout Date:

5. I was locked out by the: *(Check all that apply)*

Sheriff Landlord Other : *(Explain or if unknown, write "Unknown") (If you need more space, you can add additional pages to this document.)*

6. I am asking the court to restore my access to the property for the following period of time:

Start date and time: *(List the date and time access to the property should start)*

End date and time: *(List the date and time access to the property will end)*

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7. The reason I am asking for my access to be restored to the property is because:

(Examples include retrieving medication, family pets, clothing, and personal documents) (If you need more space, you can add additional pages to this document.)

Attach any documents that will help explain why your access to the property should be restored to the end of this motion.

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8. *Check the statement below that best applies to you and provide details:*

I have proof that I have the right to access the property. The following documents have been attached to the end of this form as evidence. ***(If you selected this statement, list the documents below and attach them to the end of this document.)***

a.

b.

c.

d.

e.

I am unable to attach evidence that I have a right to access the property to this form at this time for the following reasons ***(explain)***:

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9. If the possession is not granted, the following things will happen: *(Explain what will happen if possession or re-entry is not granted. If you need more space, you can add additional pages to this document.)*

10. Based on the information that I have provided in this document, I would like the court to: *(Check all that apply)*

Grant me the right to re-enter the property located at:

Address (Street, City, State, Zip Code)

Other: *(Explain in full detail below. If you need more space, you can add additional pages to this document.)*

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ADDITIONAL CLAIMS

(If you have additional claims or facts that are relevant to this case that you wish to tell the Court, you can write them in the space below. If you need more space, you can add additional pages to this document.)

11.

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WHEREFORE, the Plaintiff(s) respectfully requests the Court grant the relief requested in this Complaint in favor of the Plaintiff(s).

Date:

By: _____

Signature

Print Name

Street Address

City, State, Zip Code

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VERIFICATION

The undersigned Plaintiff in this case, verifies that the facts set forth in the foregoing are true and correct to the best of my information, knowledge and belief.

The statements contained herein are subject to the Penalties of 18 Pa.C.S.A., Section 4904 relating to unsworn falsification to authorities.

(Print Name)

(Signature)

Date: