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

Plaintiff

Case Number

v.

***For Court Use Only***

Non-Emergency Motion

Emergency Motion

MC Appeal

CP Default Judgment

Other

Defendant

**MOTION TO STAY EVICTION**

1. My name is:

2. I am the: (*Check all that apply*)    Plaintiff            Defendant            Occupant

3. I am asking the court to delay my eviction from this address:

*Address (Street, City, State, Zip Code)*

4. The date the eviction is scheduled is: (*If the date is unknown, write "Unknown."*)

*Date*

*This court form is intended for non-attorneys only*

5. I am asking the court to delay the eviction until: *(Check all that apply)*

A certain date: *(List date)*

A certain event happens: *(List event)*

6. The reason(s) I am asking for the delay is because: *(If you need more space, you can add additional pages to this document.)* **After you explain your reasons, attach any documents that will help explain why your reasons should be considered by the Court to the end of this motion.**

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7. Before filing this motion, I tried to find another place to live. (*Check below if this statement applies to you*):      YES      NO (*If yes, give details below.*)

a. Before filing this motion, I made the following efforts to find new housing: (*If you need more space, you can add additional pages to this document.*) **After you explain the efforts that you have made, attach any documents that will help explain why your efforts should be considered by the Court to the end of this motion.**

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8. I am filing this document as an emergency motion. (*Check below if this statement applies to you*):      YES      NO (*If yes, give details below.*)

a. The reason why this document is an emergency is because: (*If you need more space, you can add additional pages to this document.*)

**WHEREFORE**, the Defendant(s) respectfully requests the Court grant the relief requested in this motion in favor of the Defendant(s).

Date:

By:

*Signature*

*Print Name*

*Street Address*

*City, State, Zip Code*

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**CERTIFICATION OF SERVICE**

**I** \_\_\_\_\_, **HEREBY CERTIFY** that on \_\_\_\_\_, a true and correct copy of the attached Motion/Petition, was  
(Date) \_\_\_\_\_, or will be served to the following individuals at the addresses listed below:

Name:  
Address:  
Address:  
City, State, Zip Code:

Name:  
Address:  
Address:  
City, State, Zip Code:

Name:  
Address:  
Address:  
City, State, Zip Code:

The attached Motion/Petition was or will be served to these individuals by: *(Check all that apply)*

**U.S. Mail    Fax    Hand Delivery    Other**

*(Print Name)*

*(Date)*

*(Signature)*

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