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

| | :Term, |
|-----------------------------------|---|
| Plaintiff(s) | . No |
| VS. | : : CONTROL NO.: |
| Defendant(s) | : |
| | <u>ORDER</u> |
| AND NOW, this day of | 201, upon consideration of the |
| PETITION TO INTERVENE, and any re | sponses thereto, it is hereby ORDERED and |
| DECREED (1 (1) DETITION TO INT | |

DECREED that said PETITION TO INTERVENE is **GRANTED** and the Intervenor has now been added to the case.

BY THE COURT:

J.

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

: :

Plaintiff(s)

_____Term, _____

No. _____

vs.

CONTROL NO.:

Defendant(s)

PETITION TO INTERVENE

1. Pursuant to *Pa.R.C.P. Rule 2327 & 2328*, _______ moves for leave to intervene as an Interested Party in this action and to file the attached.

- \Box Interests related to subject of the action
 - Actual owner of property
 - Reside at property
- □ Disposition of the case will impair a legal enforceable interest
- \Box Interests are not being adequately represented by existing parties
- \Box Should have been joined as an original party in the case

2. The Plaintiff alleges _____

Intervenor alleges _____

and have a defense to the Plaintiff's claim.

3. Our defense presents questions of law and fact that are common to this action.

Date: _____

Signature of the attorney or unrepresented party

Printed name: _____

Address: _____

VERIFICATION

I, ______, Proposed Intervenor, verify that the facts set forth in the foregoing are true and correct to the best of my information, knowledge and belief.

I understand that 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:_____

CERTIFICATION OF SERVICE

| I, | , hereby certify that a true and correct copy of the |
|--|--|
| foregoing Petition and accompanying pa | pers, was served on the below listed addresses by First-Class United |
| States mail, postage pre-paid on | (date): |

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

Date:_____