

**PHILADELPHIA MUNICIPAL COURT
First Filing Unit
1339 Chestnut Street, Room 1000
PHILADELPHIA, PA 19107
215-686-7988/2901**

**Patrick F Dugan
President Judge**

Instruction Sheet for the Statement of Claim Form

The Statement of Claim form must be typed. When completing the form, note the following:

1. You must have the full names and street addresses for all parties. No initials such as Mrs., Mr., etc., are acceptable.
2. The body of the complaint should clearly and concisely state the reason you are bringing suit. Include the dates on which transactions occurred.
3. Complete the affidavit of non-military page that follows the Statement of Claim form for each individual defendant. This is not required if the defendant is a business or organization.
4. Include all exhibits relevant to your claim. Your exhibits will be uploaded to the docket. A copy will be sent to the defendant. Exhibits may include bills, receipts, contracts, invoices, and any other documentation that helps prove your case on the day of the hearing. If your claim involves persona injury or property damage and is over \$2,000.00, fill out the enclosed Claim Fact Sheet.
5. To determine the fee associated with your claim refer to the fee schedule or contact our office. We accept Money Orders, Business Checks, and Attorney Checks. No personal checks will be accepted. Checks should be made payable to Office of Judicial Records.
6. All complaints are filed by the First Filing Unit, 1339 Chestnut Street, Philadelphia, PA 19107. Mail your complaint to this address. Include a self-address stamped envelope with your filing, to receive your filed complaint, pertinent forms and hearing information.
7. For Corporations to file, only an executive officer may sign the form. The executive officer that files the complaint is expected to appear in Court, unless they complete an Appointment of Authorized Representative Form. When a corporation files a complaint, they must include documentation to certify the position of the executive officer. We can accept minutes of a meeting, articles of incorporation, or a signed tax return. Only the President, Vice President, Secretary, or Treasurer has the authority to sign and appear for the corporation unless an authorized representative form is completed.
8. . If the party being sued is not an individual, you should make sure that you have the correct name of the corporation, partnership, limited liability entity. For assistance with locating Pennsylvania entities, you may wish to contact Pennsylvania's Corporation Bureau at <https://www.corporations.pa.gov> at 717-787-1057. For assistance in locating an entity that does business in Philadelphia, you may wish to check to see if the entity has a Philadelphia Commercial Activity license by contacting the Department of Licenses and Inspections License Issuance Unit. It is located in the Concourse Level of the Municipal Services Building, 1401 JFK Boulevard and may be reached by calling 311.
9. Before mailing any complaint to our office it's recommended that you contact us and verify that all your documents and fees are in order.



COMMONWEALTH OF PENNSYLVANIA
The Philadelphia Municipal Court
1339 Chestnut Street, Philadelphia, PA 19107
Patrick F. Dugan, President Judge

Typed By:	Approved:	Code:	Court Costs: \$	SC	
-----------	-----------	-------	--------------------	-----------	--

STATEMENT OF CLAIM

Plaintiff(s)	Defendant(s)
--------------	--------------

<input type="checkbox"/> Motor Vehicle case—Defendant License Information:	Date of Accident:	License Plate No.
	Defendant—Operator No.	Owner—Operator No.

TO THE DEFENDANT: The above named plaintiff(s) ask judgment in this Court against you for \$ plus court costs upon the following claim:

Principal Amount
\$
Interest at %
From:
Attorney's Fee
\$
Other
\$
Total:
\$

COUNSEL FOR PLAINTIFF:	PHONE No:
-------------------------------	------------------

COMMONWEALTH OF PENNSYLVANIA
 COUNTY OF PHILADELPHIA SS:
 I,
 DEPOSE AND SAY THAT THE FACTS SET FORTH ARE TRUE AND CORRECT AND ACKNOWLEDGE THAT I AM SUBJECT TO THE PENALTIES OF 18 P.S. 4904 RELATING THE UNSWORN FALSIFICATION TO AUTHORITIES.

 SIGNATURE PLAINTIFF/ATTORNEY

SUMMONS TO THE DEFENDANT:
 YOU ARE HEREBY ORDERED TO APPEAR AT A HEARING SCHEDULED AS FOLLOWS:

LOCATION (SITO)
 COURTROOM _____, SIXTH FLOOR
 1339 CHESTNUT STREET

CITATION: AL DEMANDADO POR LA PRESENTE, USTED ESTA DIRIJIDO A PRESENTARSE A LA SIGUIENTE

DATE: (FECHA)
TIME: (HORA)

NOTICE TO THE DEFENDANT: YOU HAVE BEEN SUED IN COURT.PLEASE SEE ATTACHED NOTICE.	NOTA IMPORTANTE PARA EL ACUSADO: USTED HA SIDO DEMANDO EN CORTE. POR FAVOR MIRA PAPELE ESCRITA.
--	---

The Philadelphia Municipal Court

LT	
----	--

AFFIDAVIT OF NON-MILITARY SERVICE

State of Pennsylvania:

: ss.

County of Philadelphia:

_____, being duly sworn according to law, deposes and says that he/she (is) (represents) the Plaintiff(s) in the above entitled case; that he/she is authorized to make this affidavit on behalf of the plaintiff(s); and that the above-named Defendant(s) is (are) _____ years of age; the address of the defendant(s) is:

Occupation of defendant(s) is _____

and Defendant is not in the Military Service of the United States, nor any State or Territory thereof or its allies as defined in the Soldiers' and the Sailors' Civil Relief Act of 1940 and the amendments thereto.

**COMMONWEALTH OF PENNSYLVANIA
COUNTY OF PHILADELPHIA :SS**

I, _____ depose and say that the facts set forth in this complaint are true and correct and acknowledge that i am subject to the penalties of 18 P.S. 4904 relating to unsworn falsification to authorities.

SIGNATURE—PLAINTIFF/ATTORNEY

--	--

ACKNOWLEDGMENT OF DOCUMENT REVIEW

Read the following acknowledgments to ensure that you are satisfied with the filing, the wording in the Landlord-Tenant Complaint form and that you agree that all personal information has been removed from each and every document used in your filing as our docket is available for public viewing.

1. You agree that you have read the entire filing and agree with the wording, terminology and content.
2. You agree that all of the names, addresses (including suite, apartment numbers and floors} and any other information in the caption block are correct.
3. You agree that it is your responsibility to remove all personal information that is shown on any form used in the filing. This includes information pertaining to you, any party named in the filing and any other individual who has information included in the documents submitted as evidence. This information includes, but is not limited to, phone numbers, account numbers, social security numbers, routing numbers, bank accounts and tax information.
4. You have submitted, if available, your email address and cell phone number in case you need to be contacted by the court regarding the filing.

By signing this form, you agree that you have read the document in full, have been given the opportunity to revise your filing and/or to ask any questions regarding the filing process.

Filer: _____ Date: _____

Court Representative: _____



PHILADELPHIA MUNICIPAL COURT
FIRST JUDICIAL DISTRICT OF PENNSYLVANIA

General Affidavit for Municipal Court Rule #109

I, _____, depose and say that the facts set forth in this affidavit are true and correct and knowledge that I am subject to penalties of 18 P.S. 4904 relating to Unsworn Falsification to Authorities.

Signature

- I affirm that the name of the Defendant _____ is the only one known. I have made a reasonable investigation and this is the only known name.
An invoice or statement of account is not available for the reason that
The contract or writing upon which this claim is based is not available because
and a statement of the pertinent portions or substance of the writing is attached.
This claim involved repairs and I do not have an estimate to repair or a repair bill and I have stated the reasons for this in the complaint.
A copy of the lease is not available for the reason that
The license is not attached.
A copy of the notice to quit is not available for the reason that _____

The particulars of the notice are as follows:

Date the notice was sent to Tenant _____

Date Tenant was given to move by was _____

How as the notice served on the Tenant _____

Reason given to the Tenant in the notice (what was the breach of the lease, etc.) _____



The Municipal Court complies with the Americans with Disabilities Act, which requires that all Court services and facilities be accessible to persons with disabilities on an equal basis to those without disabilities. If you have a disability and require reasonable accommodations to file a claim, participate in Municipal Court proceeding, or use any service provided by the Court, please call 215-686-7986. Requests for reasonable accommodations must be made at least three business days before any hearing, or within three business days after service (delivery) of the Notice of Hearing, whichever is later.

**PHILADELPHIA MUNICIPAL COURT
1339 CHESTNUT STREET, 10TH FLOOR
PHILADELPHIA, PA 19107**

NO.

PLAINTIFF(S)

DEFENDANT(S)

APPOINTMENT OF AUTHORIZED REPRESENTATIVE FORM (RULES 102 AND 131)

The following section is to be completed by the individual on behalf of the party that is appointing an Authorized Representative:

I, _____, on behalf of _____

Name of Appointing Individual

Name of Party

a party in the above-captioned matter, do hereby certify that the party is one of the following: (check one)

an individual or sole proprietor; a corporation; a general partnership; a limited partnership; a limited liability company; a professional association; or a business trust.

I further certify that I have authority to execute this form on behalf of the party and that I am: (check one)

the individual or sole proprietor that is the party; an officer of the corporation that is the party; a partner of the general partnership that is the party; a general partner of the limited partnership that is the party; a manager of the limited liability company that is the party; an officer of the board of governors of the professional association that is the party; or a trustee of the business trust that is the party.

I hereby authorize _____ to act as an Authorized Representative of the party named above and certify that the Authorized Representative has personal knowledge of the facts and circumstances of the above-captioned matter and is acting as an agent of the party. The nature and extent of the authorized representative's authority is limited to the following: (check as many as are applicable)

filing a statement of claim; filing a landlord tenant complaint; negotiating an amicable resolution of the matter; participating at trial by testifying, submitting documents into evidence, asking questions of witnesses and making argument, and filing or responding to a petition to open a default judgment.

I hereby verify that the facts set forth above are true and correct to the best of my knowledge, information and belief. I further acknowledge that this verification is made subject to the penalties for making an unsworn falsification to authorities in violation of 18 Pa. C.S. § 4904.

Printed Name: _____ Signature of Appointing Individual _____

Date: _____

The following section is to be completed by the Authorized Representative:

I, _____, do hereby verify, to the best of my knowledge, information and belief, that I

have personal knowledge of the facts and circumstances of the above-captioned matter. I further acknowledge that this

verification is made subject to the penalties for making an unsworn falsification to authorities in violation of 18 Pa. C.S. § 4904.

Printed Name: _____ Signature of Authorized Representative: _____

Date: _____

PHILADELPHIA MUNICIPAL COURT
1339 Chestnut Street, Room 1000
PHILADELPHIA, PA 19107
215-686-7988/2901
HOW TO FILE USING AN APPOINTMENT OF
AUTHORIZED REPRESENTATIVE FORM

Before coming to file using this form, please call to verify it has been completed correctly.

General Description:

This form allows someone that has personal knowledge about the facts and circumstances of the case to act on the true filer's behalf in several court procedures. These include filing of the original case, participating in mediation, testifying at trial, and filing a petition to open a default judgment. The Authorized Representative is the person that is filling in for the Appointing Individual. It does not allow the Authorized Representative to file a petition to extend the 180 rule. This form does not allow the Authorized Representative to execute on the judgment, including the filing of any writs after the hearing.

Explanation:

If the correct boxes are not checked off by the Appointing Individual, we cannot accept the form. We cannot accept a form that appears to have been altered in any way. A separate form is required for each case to be filed. You must provide us with the original form entirely completed and signed by the Appointing Individual at the time of filing. We cannot accept a faxed copy of this form in any circumstance. Each person being represented must complete a separate form even if it's for the same case. Keep in mind, the person coming into file is known as the "Authorized Representative" and the person who is not coming in is known as the "Appointing Individual."

In cases for corporations and other instances other than individual representation:

The name of the "Appointing Individual" is an Executive Officer of the corporation and the "Name of the Party" is the corporation. Be sure to check the boxes following that line accordingly. Other types of business entities require the proper boxes to be checked off. If you have further questions, please call before coming into file.

The Authorized Representative Form cannot be used to file petitions to Open Default Judgments for Code Enforcement cases that involve fines. Call our office for clarification.

CERTIFICATE OF COMPLIANCE

I certify that this filing complies with the provisions of the *Public Access Policy of the Unified Judicial System of Pennsylvania: Case Records of the Appellate and Trial Courts* that require filing confidential information and documents differently than non-confidential information and documents.

Submitted by: _____

Signature: _____

Name: _____

Attorney No. (if applicable): _____



PHILADELPHIA MUNICIPAL COURT
1339 Chestnut Street, Room 1000
PHILADELPHIA, PA 19107

PATRICK F. DUGAN
PRESIDENT JUDGE

E-MAIL AFFIDAVIT

I, _____, being the Plaintiff/Defendant in claim number _____,
(Print Name)

Hereby give my permission to receive notice of future docket updates via the following e-mail address:

_____.

I understand by signing this affidavit I will no longer receive such updates via regular mail. I also understand that signing this affidavit in no way waives Pennsylvania law and/or Pennsylvania/Philadelphia Court procedures regarding service for legal filings on this claim.

PLAINTIFF/DEFENDANT SIGNATURE

DATE

PHILADELPHIA MUNICIPAL COURT
1339 CHESTNUT STREET, 10TH FLOOR
PHILADELPHIA, PA 19107

NO.

PLAINTIFF(S)

DEFENDANT(S)

CLAIM FACT SHEET – BODILY INJURY / PROPERTY DAMAGE

To The Claimant: All questions must be answered. Information not supplied may not be introduced at the time of the trial.

NOTE: The contents of this fact sheet and attachments may not be admissible at trial, if prohibited by the Rules of Evidence.

1. List the names and addresses of all witnesses to this accident and/or event.
2. List and attach copies of all medical bills, narrative reports, discharge summaries, property damage and loss of earning documents and claims.
3. List and attach copies of all estimates, obtained from any source, for damage to property.
4. If bodily injury is being claimed, list the date, place and any other parties involved in any earlier or later bodily injuries and the same part(s) of the body that were injured in this claim.
5. Regarding your insurance, if known, state:
 - a. Name of Company:
 - b. Address:
 - c. Policy Number:
 - d. Claim Number:
 - e. Claim Adjuster Handling File:
6. List and describe photos and/or exhibits that you may introduce at the time of the trial.

Understanding that false statements herein are subject to the penalties of 18 PA. C. S. Section 4904 (relating to unsworn falsification to authorities), I certify that the above answers are true and correct to the best of my knowledge, information, and belief.

I hereby authorize the other parties to this action or their representative(s) to obtain my medical reports, employment attendance and compensation records, pertaining to this specific claim, to the extent not privileged.

Claimant _____



THE MUNICIPAL COURT COMPLIES WITH THE AMERICANS WITH DISABILITIES ACT, WHICH REQUIRES THAT ALL COURT SERVICES AND FACILITIES BE ACCESSIBLE TO PERSONS WITH DISABILITIES ON AN EQUAL BASIS TO THOSE WITHOUT DISABILITIES. IF YOU HAVE A DISABILITY, AND REQUIRE REASONABLE ACCOMMODATIONS TO FILE A CLAIM, PARTICIPATE IN A MUNICIPAL COURT PROCEEDING, OR USE ANY SERVICE PROVIDED BY THE COURT, PLEASE CALL 215-686-7986. REQUESTS FOR REASONABLE ACCOMMODATIONS MUST BE MADE AT LEAST THREE BUSINESS DAYS BEFORE ANY HEARING, OR WITHIN THREE BUSINESS DAYS AFTER SERVICE (DELIVERY) OF THE NOTICE OF THE HEARING WHICHEVER IS LATER.