

# **NOTICE OF APPEAL FROM** **DISTRICT JUSTICE JUDGMENT**

**IT IS STRONGLY RECOMMENDED THAT  
YOU CONSULT AN ATTORNEY**

## DISCLAIMER

THE STAFF IN ANY COURT OFFICE ARE NOT PERMITTED TO GIVE YOU LEGAL ADVICE. THE INFORMATION IN THIS PACKET IS NOT A SUBSTITUTE FOR PROFESSIONAL LEGAL ADVICE. THE COURT ASSUMES NO RESPONSIBILITY AND ACCEPTS NO LIABILITY FOR ACTIONS TAKEN BY USERS OF THESE DOCUMENTS, INCLUDING RELIANCE ON THEIR CONTENTS. IF YOU WANT TO OBTAIN THE SERVICES OF AN ATTORNEY BUT DO NOT KNOW WHOM TO CONTACT, YOU MAY CALL THE BUCKS COUNTY LAWYER REFERRAL SERVICE AT 1-888-991-9922.

## **INSTRUCTIONS FOR FILING A NOTICE OF APPEAL FROM DISTRICT JUSTICE JUDGMENT**

1. Complete the Notice of Appeal form, Civil Cover Sheet, and Certificate of Compliance. **(You are the Appellant)** All information needed to complete the Notice of Appeal is found on the District Justice Transcript. The caption of Plaintiff vs. Defendant stays the same.
2. File the appeal in the Prothonotary Office with a copy of the **Notice of Judgment Transcript** and **Participant List** along with the filing fee of \$258.25. Acceptable methods of payment – **Cash, Check, Money Order or Credit Card** (We do not accept American Express or Debit). After filing the appeal, it is strongly recommended that an attorney be consulted for the remaining litigation of the appeal. **\*This cannot be E-Filed**
3. It will be the appellant's responsibility to serve copies of the appeal upon the Magisterial District Judge and the opposing party by personal service or certified mail.
4. Complete the **Proof of Service** form along with a **Certificate of Compliance**. It must be **signed, notarized and returned** to the Prothonotary within 10 days of the date that the Notice of Appeal was filed.

**AT THIS POINT THERE ARE NO OTHER FORMS FOR YOU TO USE AND A HEARING DATE WILL NOT AUTOMATICALLY BE SET.**

**THE PROTHONOTARY STAFF CANNOT HELP YOU ANY FURTHER AND WE STRONGLY SUGGEST THAT YOU SEE AN ATTORNEY IN ORDER TO CONTINUE WITH YOUR APPEAL**

## **INSTRUCTIONS FOR FILING A NOTICE OF APPEAL FOR A LANDLORD TENANT ACTION**

All steps above are the same, with the following exception:

To remain in the property and obtain a supersedeas for the possession, a bond must be paid (in addition to the separate filing fee of \$258.25). This consists of **3 months rent or the amount in the arrears, whichever is less**. This information is found on the **Judgment Transcript**. The 3 months rent or the amount in arrears must be paid by **cash, check or money order** and change cannot be given. **Rent must continue to be paid to Prothonotary every 30 calendar days of the date that you took your appeal in order to maintain supersedeas status.**

# Supreme Court of Pennsylvania

## Court of Common Pleas Civil Cover Sheet



County \_\_\_\_\_

<i>For Prothonotary Use Only:</i>	TIME SLIP
Docket No: _____	

The information collected on this form is used solely for court administration purposes. This form does not supplement or replace the filing and service of pleadings or other papers as required by law or rules of court.

SECTION A

<b>Commencement of Action:</b>			
<input type="checkbox"/> Complaint	<input type="checkbox"/> Writ of Summons	<input type="checkbox"/> Petition	<input type="checkbox"/> Declaration of Taking
<input type="checkbox"/> Transfer from Another Jurisdiction			
Lead Plaintiff's Name: _____		Lead Defendant's Name: _____	
Are money damages requested? <input type="checkbox"/> Yes <input type="checkbox"/> No		Dollar Amount Requested: <input type="checkbox"/> within arbitration limits (check one) <input type="checkbox"/> outside arbitration limits	
Is this a <i>Class Action Suit</i> ? <input type="checkbox"/> Yes <input type="checkbox"/> No		Is this an <i>MDJ Appeal</i> ? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Name of Plaintiff/Appellant's Attorney: _____			
<input type="checkbox"/> Check here if you have no attorney (are a Self-Represented [Pro Se] Litigant)			

SECTION B

**Nature of the Case:** Place an "X" to the left of the ONE case category that most accurately describes your **PRIMARY CASE**. If you are making more than one type of claim, check the one that you consider most important.

<p><b>TORT</b> (do not include Mass Tort)</p> <input type="checkbox"/> Intentional <input type="checkbox"/> Malicious Prosecution <input type="checkbox"/> Motor Vehicle <input type="checkbox"/> Nuisance <input type="checkbox"/> Premises Liability <input type="checkbox"/> Product Liability (does not include mass tort) <input type="checkbox"/> Slander/Libel/ Defamation <input type="checkbox"/> Other: _____	<p><b>CONTRACT</b> (do not include Judgments)</p> <input type="checkbox"/> Buyer Plaintiff <input type="checkbox"/> Debt Collection: Credit Card <input type="checkbox"/> Debt Collection: Other _____ <input type="checkbox"/> Employment Dispute: Discrimination <input type="checkbox"/> Employment Dispute: Other _____ <input type="checkbox"/> Other: _____	<p><b>CIVIL APPEALS</b></p> <p>Administrative Agencies</p> <input type="checkbox"/> Board of Assessment <input type="checkbox"/> Board of Elections <input type="checkbox"/> Dept. of Transportation <input type="checkbox"/> Statutory Appeal: Other _____ <input type="checkbox"/> Zoning Board <input type="checkbox"/> Other: _____
<p><b>MASS TORT</b></p> <input type="checkbox"/> Asbestos <input type="checkbox"/> Tobacco <input type="checkbox"/> Toxic Tort - DES <input type="checkbox"/> Toxic Tort - Implant <input type="checkbox"/> Toxic Waste <input type="checkbox"/> Other: _____	<p><b>REAL PROPERTY</b></p> <input type="checkbox"/> Ejectment <input type="checkbox"/> Eminent Domain/Condemnation <input type="checkbox"/> Ground Rent <input type="checkbox"/> Landlord/Tenant Dispute <input type="checkbox"/> Mortgage Foreclosure: Residential <input type="checkbox"/> Mortgage Foreclosure: Commercial <input type="checkbox"/> Partition <input type="checkbox"/> Quiet Title <input type="checkbox"/> Other: _____	<p><b>MISCELLANEOUS</b></p> <input type="checkbox"/> Common Law/Statutory Arbitration <input type="checkbox"/> Declaratory Judgment <input type="checkbox"/> Mandamus <input type="checkbox"/> Non-Domestic Relations Restraining Order <input type="checkbox"/> Quo Warranto <input type="checkbox"/> Replevin <input type="checkbox"/> Other: _____
<p><b>PROFESSIONAL LIABILITY</b></p> <input type="checkbox"/> Dental <input type="checkbox"/> Legal <input type="checkbox"/> Medical <input type="checkbox"/> Other Professional: _____		

COMMONWEALTH OF PENNSYLVANIA

NOTICE OF APPEAL

<p><b>COURT OF COMMON PLEAS</b></p> <p>Judicial District, County of _____</p>
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FROM  
MAGISTERIAL DISTRICT JUDGE JUDGMENT

COMMON PLEAS No. \_\_\_\_\_

**NOTICE OF APPEAL**

Notice is given that the appellant has filed in the above Court of Common Pleas an appeal from the judgment rendered by the Magisterial District Judge on the date and in the case referenced below.

NAME OF APPELLANT	MAG DIST NO	NAME OF MDJ
ADDRESS OF APPELLANT	CITY	STATE ZIP CODE
DATE OF JUDGMENT	IN THE CASE OF (Plaintiff)	(Defendant)
DOCKET No.	SIGNATURE OF APPELLANT OR ATTORNEY OR AGENT	

This block will be signed ONLY when this notation is required under Pa R.C.P.M.D.J. No. 1008. This Notice of Appeal, when received by the Magisterial District Judge, will operate as a SUPERSEDEAS to the judgment for possession in this case.

*If appellant was Claimant (see Pa. R.C.P.M.D.J. No. 1001(6) in action before a Magisterial District Judge, A COMPLAINT MUST BE FILED within twenty (20) days after filing the NOTICE of APPEAL.*

\_\_\_\_\_  
*Signature of Prothonotary or Deputy*

**PRAECIPE TO ENTER RULE TO FILE COMPLAINT AND RULE TO FILE**

*(This section of form to be used ONLY when appellant was DEFENDANT (see Pa.R.C.P.M.D.J. No. 1001(7) in action before Magisterial District Judge. IF NOT USED, detach from copy of notice of appeal to be served upon appellee.*

**PRAECIPE: To Prothonotary**

Enter rule upon \_\_\_\_\_ appellee(s), to file a complaint in this appeal  
*Name of appellee(s)*

(Common Pleas No. \_\_\_\_\_) within twenty (20) days after service of rule or suffer entry of judgment of non pros.

\_\_\_\_\_  
*Signature of appellant or attorney or agent*

**RULE: To** \_\_\_\_\_, appellee(s)  
*Name of appellee(s)*

(1) You are notified that a rule is hereby entered upon you to file a complaint in this appeal within twenty (20) days after the date of service of this rule upon you by personal service or by certified or registered mail.

(2) If you do not file a complaint within this time, a JUDGMENT OF NON PROS MAY BE ENTERED AGAINST YOU.

(3) The date of service of this rule if service was by mail is the date of the mailing.

Date: \_\_\_\_\_, 20 \_\_\_\_\_

\_\_\_\_\_  
*Signature of Prothonotary or Deputy*

**YOU MUST INCLUDE A COPY OF THE NOTICE OF JUDGMENT/TRANSCRIPT FORM WITH THIS NOTICE OF APPEAL.**  
The appellee and the magisterial district judge in whose office the judgment was rendered must be served with a copy of this Notice pursuant to Pa.R.C.P.M.D.J. 1005(A).

**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): \_\_\_\_\_

**PROOF OF SERVICE OF NOTICE OF APPEAL AND RULE TO FILE COMPLAINT**

(This proof of service must be filed within 10 days after  
filing of the notice of appeal)

I hereby certify that I served the Notice of Appeal, Common Pleas No. \_\_\_\_\_,  
upon the Magisterial District Judge designated therein on \_\_\_\_\_, \_\_\_\_\_ by

- personal service, or
- certified or registered mail, sender's receipt attached hereto,

and upon the appellee, \_\_\_\_\_, on \_\_\_\_\_, \_\_\_\_\_ by

- personal service, or
- certified or registered mail, sender's receipt attached hereto,

I verify that the statements herein are true and correct. I understand that false statements herein are  
made subject to the penalties of Section 4904 of the Crimes Code (18 Pa.C.S. § 4904) relating to  
unsworn falsification to authorities..

By: \_\_\_\_\_  
Name

\_\_\_\_\_  
Signature

Date: \_\_\_\_\_

**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): \_\_\_\_\_