



# Legal Aid of Southeastern PA

## How to File Your Landlord and Tenant Appeal and Stop Your Eviction Chester County, PA

If you are a tenant and want to appeal an eviction judgement and remain in your home, you must do so within **10 days** of the Magisterial District Court Judge's decision. 10 days includes weekends and holidays. Appeals can be filed in person at the Office of the Prothonotary at 201 W. Market Street, Suite 1425 West Chester, PA 19380.

### Follow these steps to file your appeal:

**Step 1:** You will need to get a copy of the Magisterial District Court judge's decision (called a "*Notice of Judgment/Transcript*"), which should have been mailed to you after your eviction hearing. If you didn't get it, call the Magisterial District Court to request a copy.

**Step 2:** Fill out the "*Court of Common Pleas Civil Cover Sheet*" (Form 1). You are the defendant. Your landlord is the plaintiff.

**Step 3:** Fill out the "*Chester County Court of Common Pleas Cover Sheet*" (Form 2).

**Step 4:** Fill out the "*Entry of Appearance of Self-Represented Party*" (Form 3).

**Step 5:** Fill out the "*Notice of Appeal Form*" (Form 4). You are the appellant. Your landlord is the appellee.

**Step 6:** You must pay a \$183.75 filing fee to file your appeal. If you cannot afford to pay the filing fee, you can ask the court to waive the fee by completing a "*Petition to Proceed In Forma Pauperis*" (Form 5). You must answer all questions about your income, or the court may deny the petition. You should attach some proof of your income to the petition. If you do not have any proof of your income, you should explain why in the petition, or the court may deny your request. You have a right to file the petition even if you do not have proof of income.

**Step 7:** You must pay rent to the court when you file the appeal Choose one of the following:

- If you are low-income, complete the "*Tenant's Supersedeas Affidavit (Non-Section 8)*" (Form 6). If you have not paid rent to your landlord this month, you must pay 1/3 of your monthly rent to the Court when you file the appeal. You must then pay 2/3 of your monthly rent to the Court within 20 days after you file your appeal.

- If you are a Section 8 or subsidized housing tenant, complete the “*Section 8-Tenant’s Supersedeas Affidavit*” (Form 7). If you have not paid rent to your landlord this month, you must pay 1/3 of your monthly tenant payment to the Court when you file the appeal. You must then pay 2/3 of your monthly tenant payment to the Court within 20 days after you file the appeal.
- If there was no money judgment against you (no amount indicated under “*Rent in arrears*” on the “*Notice of Judgment/Transcript*,” you don’t need to pay any rent to the Court when you file the appeal. You must your full monthly tenant payment to the Court 30 days after you file the appeal, and every 30 days after that.
- If you are not low-income, you must pay 3 months’ rent or the amount of rent the Magisterial District Judge says you owe (whichever is less) to the Court.

Note that in addition to the Supersedeas Affidavit form, you must also complete the one-page *Statement of Intent to Deposit Payment* form, which you can obtain at the Prothonotary’s office.

**Step 8:** Take all your papers to be filed at the Office of the Prothonotary located at 201 W. Market Street, Suite 1425, West Chester, PA 19380.

**Step 9:** After you file your appeal, the Prothonotary should give you two copies of the “Notice of Appeal” (Form 4). You must give one copy to your landlord and one copy to the Magisterial District Judge. You can hand a copy to your landlord and to the Judge, or you can send them each a copy by certified mail, return receipt requested. (There is a post office three blocks away located at 101 E Gay St, West Chester, PA 19380.) You must also serve the *Statement of Intent to Deposit Payment* on your landlord.

**Step 10:** Lastly, complete a “*Proof of Service*” (Form 8) and file it at the Chester County Court of Common Pleas. You are telling the court how you gave your landlord and the Magisterial District Judge a copy the “Notice of Appeal”. If you sent the documents by certified mail, attach your certified mail receipts. You must file this form within 10 days of the date you file your appeal, or you can be evicted.

**Step 11:** You must continue to pay your rent in full to the court escrow every 30 days from the day you file your appeal and continue until your appeal hearing.

**Other info:** When you file an appeal, the court takes a fresh look at the case which means that your landlord can ask for more or less money from you at the appeal hearing. After you file your appeal, your landlord must file a Complaint with the court and you must file an Answer. Failure

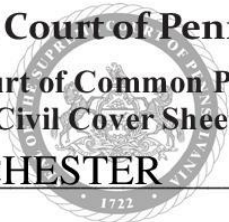
to complete any of the steps in this brochure may result in your eviction. To apply to Legal Aid of Southeastern PA call our Helpline at (877) 429-5994, or apply online at [www.lasp.org/apply](http://www.lasp.org/apply).

\* This brochure provides general information and not specific legal advice. Individual facts in a given case may involve other laws, rules, or regulations not referred to here. You should not rely solely on this brochure and should consult an attorney.

Supreme Court of Pennsylvania

Court of Common Pleas  
Civil Cover Sheet

CHESTER County



<b>For Prothonotary Use Only:</b>	TIME STAMP
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"/> Transfer from Another Jurisdiction	<input type="checkbox"/> Declaration of Taking
	<input type="checkbox"/> Petition	
	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"/> <b>Check here if you have no attorney (are a Self-Represented [Pro Se] Litigant)</b>		

SECTION B	<b>Nature of the Case:</b> Place an "X" to the left of the <u>ONE</u> case category that most accurately describes your <b>PRIMARY CASE</b> . If you are making more than one type of claim, check the one that you consider most important.		
	<b>TORT</b> ( <i>do not include Mass Tort</i> ) <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 ( <i>does not include mass tort</i> ) <input type="checkbox"/> Slander/Libel/ Defamation <input type="checkbox"/> Other: _____	<b>CONTRACT</b> ( <i>do not include Judgments</i> ) <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: _____	<b>CIVIL APPEALS</b> <input type="checkbox"/> Administrative Agencies <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: _____
	<b>MASS TORT</b> <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: _____	<b>REAL PROPERTY</b> <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: _____	<b>MISCELLANEOUS</b> <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: _____
	<b>PROFESSIONAL LIABILITY</b> <input type="checkbox"/> Dental <input type="checkbox"/> Legal <input type="checkbox"/> Medical <input type="checkbox"/> Other Professional: _____		



## Chester County Court of Common Pleas Cover Sheet

Docket No:
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Plaintiff(s): (Name, Address, Telephone)	Plaintiff's/Appellant's Attorney (circle one) (Name, firm, address, telephone and attorney ID#)
Defendant(s): (Name, Address, Telephone)	Are there any related cases? Please provide case nos.

**Defendants who are proceeding without counsel are strongly urged to file with the Prothonotary a written statement of an address AND a telephone number at which they can be reached.**

**Commencement of Action (if applicable):**

Agreement for an Amicable Action     
  Motion to Confirm Arbitration Award     
  Notice of Appeal

If this is an appeal from a Magisterial District Judgment, was appellant  Plaintiff or  Defendant in the original action?

Jury Trial Demanded     Yes     No

Nature of case if not on previous cover sheet – Please choose the most applicable

<table style="width: 100%; border-collapse: collapse;"> <tr><td><input type="checkbox"/></td><td>Annulment</td></tr> <tr><td><input type="checkbox"/></td><td>Custody - Conciliation Required</td></tr> <tr><td><input type="checkbox"/></td><td>Custody - Foreign Order</td></tr> <tr><td><input type="checkbox"/></td><td>Custody - No Conciliation Required</td></tr> <tr><td><input type="checkbox"/></td><td>Divorce - Ancillary Relief Request</td></tr> <tr><td><input type="checkbox"/></td><td>Divorce - No Ancillary Relief Requested</td></tr> <tr><td><input type="checkbox"/></td><td>Foreign Divorce</td></tr> <tr><td><input type="checkbox"/></td><td>Foreign Protection from Abuse</td></tr> <tr><td><input type="checkbox"/></td><td>Paternity</td></tr> <tr><td><input type="checkbox"/></td><td>Protection from Abuse</td></tr> <tr><td><input type="checkbox"/></td><td>Standby Guardianship</td></tr> </table>	<input type="checkbox"/>	Annulment	<input type="checkbox"/>	Custody - Conciliation Required	<input type="checkbox"/>	Custody - Foreign Order	<input type="checkbox"/>	Custody - No Conciliation Required	<input type="checkbox"/>	Divorce - Ancillary Relief Request	<input type="checkbox"/>	Divorce - No Ancillary Relief Requested	<input type="checkbox"/>	Foreign Divorce	<input type="checkbox"/>	Foreign Protection from Abuse	<input type="checkbox"/>	Paternity	<input type="checkbox"/>	Protection from Abuse	<input type="checkbox"/>	Standby Guardianship	<table style="width: 100%; border-collapse: collapse;"> <tr><td><input type="checkbox"/></td><td>Writ of Certiorari</td></tr> <tr><td><input type="checkbox"/></td><td>Injunctive Relief</td></tr> <tr><td><input type="checkbox"/></td><td>Mechanics Lien Claim</td></tr> <tr><td><input type="checkbox"/></td><td>Issuance of Foreign Subpoena</td></tr> <tr><td><input type="checkbox"/></td><td>Name Change</td></tr> <tr><td><input type="checkbox"/></td><td>Petition for Structured Settlement</td></tr> <tr><td><input type="checkbox"/></td><td>Protection from Sexual Violence/Intimidation</td></tr> </table>	<input type="checkbox"/>	Writ of Certiorari	<input type="checkbox"/>	Injunctive Relief	<input type="checkbox"/>	Mechanics Lien Claim	<input type="checkbox"/>	Issuance of Foreign Subpoena	<input type="checkbox"/>	Name Change	<input type="checkbox"/>	Petition for Structured Settlement	<input type="checkbox"/>	Protection from Sexual Violence/Intimidation
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<p><b>Arbitration Cases Only</b></p> <p>Arbitration Date Arbitration Time</p> <p>Defendants are cautioned that the scheduling of an arbitration date does not alter the duty of the defendant to respond to the complaint and does not prevent summary disposition from occurring prior to the arbitration date.</p> <p>This matter will be heard by a Board of Arbitrators at the time and date specified but, if one or more of the parties is not present at the hearing, the matter may be heard at the same time and date before a judge of the court without the absent party or parties. There is no right to a trial <i>de novo</i> on appeal from a decision entered by a judge.</p>	<p><b>Notice of Trial Listing Date</b></p> <p>Pursuant to C.C.R.C.P. 249.3, if this case is not subject to compulsory arbitration it will be presumed ready for trial twelve (12) months from the date of the initiation of the suit and will be placed on the trial list one (1) year from the date the suit was filed unless otherwise ordered by the Court.</p> <p>To obtain relief from automatic trial listing a party must proceed pursuant to C.C.R.C.P. 249.3(b), request an administrative conference and obtain a court order deferring the placement of the case on the trial list until a later date.</p>
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**File with:** Chester County Justice Center, Prothonotary Office, 201 W. Market St., Ste. 1425, PO Box 2746, West Chester, PA 19380-0989

These cover sheets must be served upon all other parties to the action immediately after filing.  
Submit enough copies for service.



IN THE COURT OF COMMON PLEAS OF \_\_\_\_\_ COUNTY PENNSYLVANIA

\_\_\_\_\_  
Plaintiff

No. \_\_\_\_\_

v.

\_\_\_\_\_  
Defendant

CUSTODY  DIVORCE

**ENTRY OF APPEARANCE OF SELF-REPRESENTED PARTY  
PURSUANT TO Pa.R.C.P. No. 1930.8**

I, \_\_\_\_\_,  Plaintiff or  Defendant, represent myself in the within action.

REMOVAL OR WITHDRAWAL OF COUNSEL OF RECORD (If Applicable)

Remove \_\_\_\_\_, Esq., as my attorney of record.

Withdraw my appearance for the filing party.

\_\_\_\_\_ Esq. (Print name) ID# \_\_\_\_\_

\_\_\_\_\_ Signature DATE: \_\_\_\_\_

I understand that I am under a continuing obligation to provide current contact information to the court, to other self-represented parties, and to attorneys of record.

All pleadings and legal papers can be served on me at the address listed below, which may or may not be my home address pursuant to Rule 1930.8:

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Telephone number

\_\_\_\_\_  
Address

\_\_\_\_\_  
Fax number

\_\_\_\_\_  
City, State, Zip Code

\_\_\_\_\_  
Date

THE PARTY FILING THIS ENTRY OF APPEARANCE MUST PROVIDE NOTICE BY SENDING A COPY TO ALL PARTIES AND ATTORNEYS, INCLUDING THE ATTORNEY REMOVED FROM THE CASE.

**PRINT**

COMMONWEALTH OF PENNSYLVANIA

COURT OF COMMON PLEAS

Judicial District, County of

NOTICE OF APPEAL

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.	vs	
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).

Form 5: In Forma Pauperis Petition

\_\_\_\_\_  
Plaintiff,  
  
v.  
  
\_\_\_\_\_  
Defendant.

IN THE COURT OF COMMON PLEAS  
  
CHESTER COUNTY, PENNSYLVANIA  
  
Docket Number: \_\_\_\_\_

PETITION AND AFFIDAVIT TO PROCEED *IN FORMA PAUPERIS*

1. I, \_\_\_\_\_, am the Petitioner in the above-captioned matter and because of my financial condition am unable to pay the following fees or cost of prosecuting or defending this action or proceeding. [State the specific filing fee or cost which you are seeking to have waived currently] **SELECT ONE:**

Civil Court Fees:	Commencement of action/complaint	\$	_____
	Judgment/Liens	\$	_____
	Petitions	\$	_____
	Appeals	\$	_____
	Other: (type) _____	\$	_____
Family Court Fees:	Divorce: Complaint	\$	_____
	Appointment of Master	\$	_____
	Other _____	\$	_____
	Custody: Complaint	\$	_____
	Petition to Modify	\$	_____
	Contempt	\$	_____
	Mediation Fees	\$	_____
	Protection from Abuse	\$	_____
	Other: (type) _____	\$	_____

2. I am unable to obtain funds from anyone, including my family and associates, to pay the cost of litigation.

3. I represent that the information below relating to my ability to pay the fees and cost is true and correct.

(a) Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_

(b) Employment

If you are presently employed, state:

Employer: \_\_\_\_\_  
Address: \_\_\_\_\_  
Salary or wages \$ \_\_\_\_\_ per  
Type of work: \_\_\_\_\_



**Attach your most recent pay stub showing year to date.**

If you are presently unemployed, state:

Date of last employment: \_\_\_\_\_

Salary or wages you earned: \$ \_\_\_\_\_ per \_\_\_\_\_

Type of work: \_\_\_\_\_

Reason for unemployment: \_\_\_\_\_

**Attach your letter of grant/denial of unemployment compensation or workers compensation benefits. If receiving unemployment compensation/ workers compensation, attach benefits statement.**

**Attach a copy of your last year's W-2 forms and your last filed income tax returns (state and federal).**

(c) Other income/benefits within the past twelve months:

Business or profession: \$ \_\_\_\_\_

Other self-employment: \$ \_\_\_\_\_

Interest: \$ \_\_\_\_\_

Dividends: \$ \_\_\_\_\_

Pension and annuities: \$ \_\_\_\_\_

Veterans Benefits: \$ \_\_\_\_\_

Social Security Benefits: \$ \_\_\_\_\_

Child Support payments: \$ \_\_\_\_\_

Alimony/Spousal payments: \$ \_\_\_\_\_

Disability payments: \$ \_\_\_\_\_

Unemployment compensation and supplemental benefits: \$ \_\_\_\_\_

Workers' Compensation: \$ \_\_\_\_\_

Public Assistance: \$ \_\_\_\_\_

Food Stamps: \$ \_\_\_\_\_

Medical Assistance: \$ \_\_\_\_\_

Other: \$ \_\_\_\_\_

**Attach copies of your most recent statements for any of the above income/benefits you receive, including a copy of your Medical/Access Card.**

(d) Other adults residing in your household:

1. Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Employer: \_\_\_\_\_  
Employer's address: \_\_\_\_\_  
Salary or wage \$ \_\_\_\_\_ per \_\_\_\_\_  
Type of work: \_\_\_\_\_

2. Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Employer: \_\_\_\_\_  
Employer's address: \_\_\_\_\_  
Salary or wages \$ \_\_\_\_\_ per \_\_\_\_\_  
Type of work: \_\_\_\_\_

**Attach a copy of most recent W-2 form and most recent pay stub showing year to date earnings of all adults residing in your home.**

- (e) Other contributions to the household finances where you reside:  
Contributions from your children: \$ \_\_\_\_\_ per  
Contributions from your parents: \$ \_\_\_\_\_ per  
Other contributions: from whom/relationship: \_\_\_\_\_  
\$ \_\_\_\_\_ per  
*(This includes payments made by any member of the household for living expenses, including, but not limited to, mortgage, rent, utilities, food, etc.)*

**Attach a notarized statement from the adult persons with whom you live indicating the type and amount of contributions/support he/she provides to the household.**

- (f) Property Owned:  
Cash: \$ \_\_\_\_\_  
Checking account: \$ \_\_\_\_\_ Name of Bank \_\_\_\_\_  
Savings account: \$ \_\_\_\_\_ Name of Bank \_\_\_\_\_  
Certificates of Deposit: \$ \_\_\_\_\_  
Real estate *(including home, land mobile home)*: i. Address: \_\_\_\_\_  
\_\_\_\_\_ ii. Approximate Fair Market Value: \_\_\_\_\_  
Motor vehicle *(make/model)*: \_\_\_\_\_ Year: \_\_\_\_\_ Cost: \$ \_\_\_\_\_  
Amount Owed *(by others to you)*: \$ \_\_\_\_\_  
  
Stocks/Bonds: \$ \_\_\_\_\_  
IRAs/401K plans/other retirement plans: \_\_\_\_\_  
Antiques, livestock, boats, travel trailers, sports equipment, etc. \$ \_\_\_\_\_  
\_\_\_\_\_  
  
Other: \$ \_\_\_\_\_

**Attach copies of all account statements for the last three months.**

- (g) Debts and obligations *(monthly)*:  
Mortgage *(principal & interest & taxes)*: \$ \_\_\_\_\_  
Rent: \$ \_\_\_\_\_  
Loans *(ie. car, student loans, etc.) (identify amount, type of loan and lender)*:  
\$ \_\_\_\_\_  
\_\_\_\_\_  
Electric: \$ \_\_\_\_\_ Gas: \$ \_\_\_\_\_  
Water/Sewer: \$ \_\_\_\_\_ Trash: \$ \_\_\_\_\_  
Telephone: \$ \_\_\_\_\_ Cell phone: \$ \_\_\_\_\_  
Cable TV &/or Internet: \$ \_\_\_\_\_  
Food: \$ \_\_\_\_\_ Toiletries: \$ \_\_\_\_\_  
Cleaning Supplies, Laundry: \$ \_\_\_\_\_  
Clothing: \$ \_\_\_\_\_



\_\_\_\_\_  
Plaintiff

IN THE COURT OF COMMON PLEAS  
CHESTER COUNTY, PENNSYLVANIA

v.

\_\_\_\_\_  
Defendant

DOCKET NO. \_\_\_\_\_

**ORDER**

AND NOW, this \_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_, on consideration of the application of \_\_\_\_\_ for leave to proceed *in forma pauperis* verified in support thereof, it is hereby **ORDERED** that said application is **GRANTED** and he/she shall not be required to pay the following fees and costs [*state specific fee or cost to be waived*]:

**This grant of *in forma pauperis* is for the above fee(s)/cost(s) only. A separate Petition and supporting documents must be filed for any additional fee waiver requests.**

BY THE COURT:

\_\_\_\_\_  
J.

AND NOW, this \_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_, on consideration of the application of \_\_\_\_\_ for leave to proceed *in forma pauperis*, it is hereby **ORDERED** that said application is **DENIED** and said Petitioner shall pay the filing costs/fees as required by the Prothonotary within fifteen (15) days of the date of this Order.

The Petitioner may not, without leave of court, take any further steps in this action or appeal while the costs/fees remain unpaid. Thereafter, the Prothonotary shall enter a judgment of non pros in this action or strike the appeal for failure to timely pay the costs/fees. The action or appeal shall be reinstated only by this court for good cause shown.

BY THE COURT:

\_\_\_\_\_  
J.

COMMONWEALTH OF PENNSYLVANIA

COURT OF COMMON PLEAS
County Of

LANDLORD:	NAME and ADDRESS

VS.

TENANT:	NAME and ADDRESS

Common Pleas Docket No.
-------------------------

**TENANT'S SUPERSEDEAS AFFIDAVIT (NON-SECTION 8)  
FILED PURSUANT TO Pa.R.C.P.M.D.J. No. 1008C(2)**

I, \_\_\_\_\_ (print name and address here),  
 have filed a notice of appeal from a magisterial district court judgment awarding to my landlord possession  
 of real property that I occupy, and I do not have the financial ability to pay the lesser of three times my  
 monthly rent or the judgment for rent awarded by the magisterial district court. My total household income  
 does not exceed the income limits set forth in the supplemental instructions for obtaining a stay pending  
 appeal and I have completed an *in forma pauperis* (IFP) affidavit to verify this. I have/have not (cross out  
 the one that does not apply) paid the rent this month.

I verify that the statements made in this affidavit are true and correct to the best of my knowledge,  
 information, and belief. I understand that false statements herein are made subject to the penalties of 18  
 Pa.C.S. § 4904, relating to unsworn falsification to authorities.

\_\_\_\_\_  
Date

\_\_\_\_\_  
SIGNATURE OF TENANT



COMMONWEALTH OF PENNSYLVANIA

COURT OF COMMON PLEAS

County Of

LANDLORD:

NAME and ADDRESS

Empty box for Landlord information with corner brackets.

VS.

TENANT:

NAME and ADDRESS

Empty box for Tenant information with corner brackets.

Common Pleas Docket No.

SECTION 8 TENANT'S SUPERSEDEAS AFFIDAVIT FILED PURSUANT TO Pa.R.C.P.M.D.J. No. 1013C(2)

I, \_\_\_\_\_ (print name and address here), have filed a praecipe for a writ of certiorari to review a magisterial district court judgment awarding my landlord possession of real property that I occupy, and I do not have the financial ability to pay the lesser of three times my monthly rent or the actual rent in arrears. My total household income does not exceed the income limits set forth in the instructions for obtaining a stay pending issuance of writ of certiorari and I have completed an in forma pauperis (IFP) affidavit to verify this. I have/have not (cross out the one that does not apply) paid the rent this month.

The total amount of monthly rent that I personally pay to the landlord is \$\_\_\_\_\_. I hereby certify that I am a participant in the Section 8 program and I am not subject to a final (i.e., non-appealable) decision of a court or government agency that terminates my right to receive Section 8 assistance based on my failure to comply with program rules.

I verify that the statements made in this affidavit are true and correct to the best of my knowledge, information, and belief. I understand that false statements herein are made subject to the penalties of 18 Pa.C.S. § 4904, relating to unsworn falsification to authorities.

\_\_\_\_\_  
Date

\_\_\_\_\_  
SIGNATURE OF TENANT

\_\_\_\_\_ vs. \_\_\_\_\_  
**CERTIFICATION OF SERVICE**

This is to certify that in this case, assigned to Judge \_\_\_\_\_, complete copies of all papers contained in the Landlord and Tenant Appeal have been served upon the following persons, by the following means and on the date(s) stated:

Name:	Means of Service:	Date of Service:
_____	_____	_____
_____	_____	_____
_____	_____	_____

Attorney's Name:  
\_\_\_\_\_

Address: \_\_\_\_\_

I.D. Number: \_\_\_\_\_

Telephone Number: \_\_\_\_\_