

# **MAGISTERIAL DISTRICT JUDGE**

## **JUDGMENT APPEAL**

**Please read all of the information before you start filling out the form. When filling out these forms please write as CLEARLY and NEATLY as possible, preferably using blue ink.**

This packet does not constitute legal advice. If you have questions about this process, you should seek the advice of an attorney. The court assumes no responsibility and accepts no liability for actions taken by users of these documents, including reliance on their contents.

### **Steps to appeal an MDJ Judgment**

1. You must fill out the APPEAL FORMS and deliver them to the Prothonotary's Office within 30 days of the date of judgment signed by the Magisterial District Judge, along with the Notice of Judgment from the District Magistrate's Office.
2. You may file a Petition to Proceed In Forma Pauperis (form attached) if you feel you meet the income requirements to proceed in forma pauperis (IFP) and should be excused from paying the filing fees associated with your case. If the Judge agrees you cannot afford the fees based on your answers provided on the IFP, then the County will pay the fees for you. If the Judge feels you can pay the fees, you will then need to pay the fees in the Prothonotary's Office (located on the 1<sup>st</sup> floor of the Government Center)
3. You must SERVE THE APPEAL by hand-delivering it or sending it by certified mail to the landlord and the Magisterial District Judge, who entered the judgment.
4. You must, then, file the original PROOF OF SERVICE in the Prothonotary's Office within 10 days of filing the appeal.

### **DOCUMENTS NEEDED TO FILE THE APPEAL**

1. Notice of Appeal (attached)
  - (a) Since you are filing the appeal, you are the appellant, and the other party is the appellee.
  - (b) The original caption (top heading with both names) filed at the Magistrate's Office stays the same as far as Plaintiff and Defendant.
  - (c) The parties' addresses are located on the Notice of Judgment page called Participant List.
2. Notice of Judgment/Transcript (documents you receive from the Magisterial District Judge) You must bring all pages with you to file the appeal.
3. Fee waiver petition (IFP attached) (if this applies to you).

## **AFTER YOU FILE**

### **SERVICE:**

You must give the Notice of Appeal to the Magisterial District Judge (who entered the judgment) AND the other parties on the case so that they know that the case has been appealed and is on hold. If you file the appeal on the last day, it is **very important** that the Magisterial District Judge receive it the same day.

There are only two ways to legally serve the Notice of Appeal:

1. You may **HAND DELIVER** the Notice of Appeal to the Magisterial District Judge's office and the landlord, who is evicting you (Plaintiff).
2. You can mail the Notice of Appeal by **CERTIFIED MAIL (see below)** to the Magisterial District Judge's office and the landlord.

### **FILING PROOF OF SERVICE:**

Within 10 days of filing the appeal, you must complete the Proof of Service form (attached) and either mail or bring in the original the white receipt (s) attached you received at the post office, to the Prothonotary's Office to be time-stamped and put in the case file.

**CERTIFIED MAIL** - If you served the appeal by certified mail, attach the white receipt (s) you received at the post office to the Proof of Service form. The receipt should be completed with the address, where the appeal was mailed. You **SHOULD NOT** wait for the return receipt (green card) to come back. As stated above, the proof of service form must be filed at the Prothonotary's Office within 10 days of the appeal.

## 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	
<p>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.</p> <p><i>Signature of Prothonotary or Deputy</i></p>		
<p>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.</p>		

## 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).

PROOF  
OF  
SERVICE

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

IN FORMA  
PAUPERIS  
FORM  
TO HAVE  
FEES WAIVED

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

PLAINTIFF	:	CIVIL ACTION-LAW
vs.	:	Case No. _____
DEFENDANT	:	

**PETITION TO PROCEED IN FORMA PAUPERIS & AFFIDAVIT**

1. I am the petitioner in the above matter and because of my financial condition am unable to pay the fees and costs of prosecuting or defending this action or proceeding.
2. I am unable to obtain funds from anyone, including my family and associates, to pay the costs of litigation.
3. I represent that the information below relating to my ability to pay the fees and costs is true and correct:

a.) My Name is: \_\_\_\_\_

My Address is: \_\_\_\_\_

\_\_\_\_\_

b.) Employment:

If you are presently employed, state your:

Employer: \_\_\_\_\_

Employer's Address: \_\_\_\_\_  
\_\_\_\_\_

Salary or wages per month: \_\_\_\_\_

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

If you are presently unemployed, state:

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

Salary or wages per month: \_\_\_\_\_

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

c.) Please list any other income received within the past twelve months:  
**(Write the gross amount (before taxes) per month that you received and the months you received this income.)**

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

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

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

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

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

Social security benefits: \_\_\_\_\_

Support payments: \_\_\_\_\_

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

Unemployment compensation and/or supplemental benefits:

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

Public assistance: \_\_\_\_\_

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

d.) Other contributions to household support:

**(Write the gross amount (before taxes) per month that you received and the months you received this income.)**

(Wife) (Husband) Name: \_\_\_\_\_

If your (wife) (husband) is employed, please state

Employer: \_\_\_\_\_

Salary or wages per month: \_\_\_\_\_

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

Contributions from children: \_\_\_\_\_

Contributions from parents: \_\_\_\_\_

Other contributions: \_\_\_\_\_

e.) Property owned:

Cash: \_\_\_\_\_

Checking Account: \_\_\_\_\_

Savings Account: \_\_\_\_\_

Certificates of deposit: \_\_\_\_\_

Real estate (including home): \_\_\_\_\_

Motor Vehicle: Make \_\_\_\_\_, Year \_\_\_\_\_,

Cost: \_\_\_\_\_ Amount Owed: \_\_\_\_\_

Stocks and bonds: \_\_\_\_\_

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

f.) Debts and obligations:

Mortgage: \_\_\_\_\_

Rent: \_\_\_\_\_

Loans: \_\_\_\_\_

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

(Write all of your regular monthly bills, phone, utilities, cable, insurance, etc.)

g.) Persons dependent upon you for support:

(Wife/Husband) Name: \_\_\_\_\_

Children, if any:

CHILDREN(S) INITIALS ONLY      Name: \_\_\_\_\_ Age: \_\_\_\_\_  
\_\_\_\_\_      \_\_\_\_\_  
\_\_\_\_\_      \_\_\_\_\_

Other persons:

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

Relationship: \_\_\_\_\_

4. I understand that I have a continuing obligation to inform the court of improvement in my financial circumstances which would permit me to pay the costs incurred herein.

5. I verify that the statements made in this affidavit are true and correct. 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: \_\_\_\_\_

**PETITIONER**