

1) I _____ am legal counsel of record
for the Defendant.

The undersigned verifies that the statements made herein are true and correct. I understand that false statements are made subject to the penalties of 18 Pa. C.S. §4904 relating to unsworn falsification to authorities.

Signature of Defendant/Defendant's Counsel

Date

Person who Plaintiff should contact to discuss status of case and option to resolve:

Name:

**Relationship to
Defendant:**

Phone:

Address:

E-mail:
