



CIVIL COVER

Prothonotary
Andrew E. Spade, Esq.
Chief Deputy
Lori Groff

ALL party information is required and must match the pleading!

If an event needs to be scheduled, a Court Administration Scheduling Sheet must also be attached. If any party is incarcerated, please include their inmate number.

type of action: _____
docket no.: _____

FOR PROTHONOTARY USE ONLY

PARTY INFORMATION

plaintiff

name: _____
address line 1: _____
address line 2: _____
city, state zip: _____
telephone: _____
email: _____

PLAINTIFF'S ATTORNEY

name: _____
Firm/office: _____
AOPC (attorney id): _____
address line 1: _____
address line 2: _____
city, state zip: _____
telephone: _____
email: _____

DEFENDANT

name: _____
address line 1: _____
address line 2: _____
city, state zip: _____
telephone: _____
email: _____

DEFENDANT'S ATTORNEY

name: _____
Firm/office: _____
AOPC (attorney id): _____
address line 1: _____
address line 2: _____
city, state zip: _____
telephone: _____
email: _____

TAX LIEN INFORMATION

address line 1: _____ LIEN AMOUNT: _____
address line 2: _____ DEED #: _____
city, state zip: _____ MAP _____
MUNICIPALITY: _____ REFERENCE: _____
WARD: _____



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CIVIL COVER SHEET - ADDITIONAL PARTY INFORMATION

ALL PARTY INFORMATION IS REQUIRED AND MUST MATCH THE PLEADING!

Party Type:	_____	Party Type:	_____
name:	_____	name:	_____
Firm/office:	_____	Firm/office:	_____
AOPC (attorney id):	_____	AOPC (attorney id):	_____
address line 1:	_____	address line 1:	_____
address line 2:	_____	address line 2:	_____
city, state zip:	_____	city, state zip:	_____
telephone:	_____	telephone:	_____
email:	_____	email:	_____

Party Type:	_____	Party Type:	_____
name:	_____	name:	_____
Firm/office:	_____	Firm/office:	_____
AOPC (attorney id):	_____	AOPC (attorney id):	_____
address line 1:	_____	address line 1:	_____
address line 2:	_____	address line 2:	_____
city, state zip:	_____	city, state zip:	_____
telephone:	_____	telephone:	_____
email:	_____	email:	_____

Party Type:	_____	Party Type:	_____
name:	_____	name:	_____
Firm/office:	_____	Firm/office:	_____
AOPC (attorney id):	_____	AOPC (attorney id):	_____
address line 1:	_____	address line 1:	_____
address line 2:	_____	address line 2:	_____
city, state zip:	_____	city, state zip:	_____
telephone:	_____	telephone:	_____
email:	_____	email:	_____