# FORM OF COVER SHEET FOR COMPLAINT

Court of Common Pleas of Beaver County
Civil Division

## Civil Cover Sheet

| For Prothonotary Use Only (Docket Number) |
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| |

| PLAINTIFF'S NAME | DEFENDANT'S NAME |
|---|---|
| PLAINTIFF'S ADDRESS | DEFENDANT'S ADDRESS |
| PLAINTIFF'S NAME | DEFENDANT'S NAME |
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| TOTAL NO. OF PLAINTIFFS | TOTAL NO. OF DEFENDANTS | COMMENCEMENT OF ACTION |
|---|---|---|
| | | ☐ Complaint ☐ Notice of Appeal<br>☐ Writ of Summons ☐ Transfer From Other Jurisdictions |

| AMOUNT IN CONTROVERSY | CASE TYPE | | |
|---|---|---|---|
| ☐ $25,000 or Less | ☐ Motor Vehicle | ☐ Mortgage Foreclosure | ☐ Partition |
| ☐ Over $25,000 | ☐ Medical Malpractice | ☐ Ejectment | ☐ Declaratory Judgment |
| | ☐ Other Professional Liability | ☐ Statutory Appeals | ☐ Replevin |
| | ☐ Product Liability | ☐ Quiet Title | ☐ Asbestos |
| | ☐ Other _____ | | ☐ Domestic Relations |
| | | | ☐ Divorce |
| | | | ☐ Custody |

TO THE PROTHONOTARY:

Kindly enter my appearance on behalf of Plaintiff/Petitioner/Appellant: (or Pro Se Litigant)

Papers may be served at the address set forth below

| NAME OF PLAINTIFF'S/PETITIONER'S/APPELLANT'S ATTORNEY (OR PRO SE LITIGANT) | ADDRESS (SEE INSTRUCTIONS) |
|---|---|
| | |

| PHONE NUMBER | FAX NUMBER | EMAIL ADDRESS |
|---|---|---|
| | | |

| SIGNATURE | SUPREME COURT IDENTIFICATION NO. | DATE |
|---|---|---|
| | | 09/26/9999 |