

<div>Court of Common Pleas of Carbon County</div> <div>Civil Cover Sheet</div>		<div></div> <div>For Prothonotary Use only (Docket Number)</div>
PLAINTIFF’S NAME: Enter names (last, first, middle initial) of plaintiff. If the plaintiff is a government agency or corporation, use the full name of the agency or corporation. In the event there are more than two plaintiffs, list the additional parties on a separate sheet of paper. Husband and wife should be listed as separate parties.		DEFENDANT’S NAME: Enter names (last, first, middle initial) of defendant. If the defendant is a government agency or corporation, use the full name of the agency or corporation. In the event there are more than two defendants, list the additional parties on a separate sheet of paper. Husband and wife should be listed as separate parties.
PLAINTIFF’S ADDRESS & TELEPHONE NUMBER: Enter the address and telephone numbers of the parties at the time of filing of the action. If any party is a corporation, enter the address and telephone number of the registered office of the corporation.		DEFENDANT’S ADDRESS AND TELEPHONE NUMBER: Enter the address and telephone numbers of the parties at the time of filing of the action. If any party is a corporation, enter the address and telephone number of the registered office of the corporation.
ADDITIONAL PLAINTIFF’S NAME:		ADDITIONAL DEFENDANT’S NAME:
ADDITIONAL PLAINTIFF’S ADDRESS/ TELEPHONE NO:		ADDITIONAL DEFENDANT’S ADDRESS /TELEPHONE NO:
TOTAL NUMBER OF PLAINTIFFS: Indicate the total number of plaintiffs and the total number of defendants in the action.		TOTAL NUMBER OF DEFENDANTS: Indicate the total number of plaintiffs and the total number of defendants in the action.
STATUTORY BASIS FOR CAUSE OF ACTION If the action is commenced pursuant to statutory authority ("Petition Action"), the specific statute must be cited		
RELATED PENDING CASES: (All previously filed related cases must be identified by docket number. Indicated whether they have been consolidated by Court Order or Stipulation.)		
TO THE PROTHONOTARY: Kindly enter my appearance on behalf of Plaintiff/Petitioner/Appellant. Papers may be served at the address set forth below.		
NAME OF PLAINTIFF’S/APPELLANT’S ATTORNEY: Unrepresented filers must provide their name, address, telephone number and signature.		ADDRESS
PHONE NUMBER	SUPREME COURT IDENTIFICATION NUMBER	E-MAIL ADDRESS: FAX NO. (OPTIONAL – FOR SERVICE): Providing the fax number shall authorize the service of legal papers by facsimile transmission. See Pa.R.CP.440(d)
DATE: _____ SIGNATURE: _____		