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| <b>Court of Common Pleas of Carbon County</b>  |  |  |
| <b>Civil Cover Sheet</b>   |  | For Prothonotary Use only (Docket Number)  |
| <b>PLAINTIFF'S NAME:</b> 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. |  | <b>DEFENDANT'S NAME:</b> 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. |
| <b>PLAINTIFF'S ADDRESS &amp; TELEPHONE NUMBER:</b> 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.  |  | <b>DEFENDANT'S ADDRESS AND TELEPHONE NUMBER:</b> 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.  |
| <b>ADDITIONAL PLAINTIFF'S NAME:</b>  |  | <b>ADDITIONAL DEFENDANT'S NAME:</b>  |
| <b>ADDITIONAL PLAINTIFF'S ADDRESS/ TELEPHONE NO:</b>   |  | <b>ADDITIONAL DEFENDANT'S ADDRESS /TELEPHONE NO:</b>   |
| <b>TOTAL NUMBER OF PLAINTIFFS:</b> Indicate the total number of plaintiffs and the total number of defendants in the action.   |  | <b>TOTAL NUMBER OF DEFENDANTS:</b> Indicate the total number of plaintiffs and the total number of defendants in the action.   |
| <b>STATUTORY BASIS FOR CAUSE OF ACTION</b> If the action is commenced pursuant to statutory authority ("Petition Action"), the specific statute must be cited  |  |  |
| <b>RELATED PENDING CASES:</b> (All previously filed related cases must be identified by docket number. Indicated whether they have been consolidated by Court Order or Stipulation.)   |  |  |
| <b>TO THE PROTHONOTARY:</b><br>Kindly enter my appearance on behalf of Plaintiff/Petitioner/Appellant. Papers may be served at the address set forth below.  |  |  |
| <b>NAME OF PLAINTIFF'S/APPELLANT'S ATTORNEY:</b><br>Unrepresented filers must provide their name, address, telephone number and signature.   |  | <b>ADDRESS</b>   |
| <b>PHONE NUMBER</b>  | <b>SUPREME COURT IDENTIFICATION NUMBER</b> | <b>E-MAIL ADDRESS:</b>   |
|  |  | <b>FAX NO. (OPTIONAL – FOR SERVICE):</b> Providing the fax number shall authorize the service of legal papers by facsimile transmission. See Pa.R.CP.440(d)  |
| DATE: _____  |  | SIGNATURE: _____   |