

IN THE COURT OF COMMON PLEAS OF WASHINGTON COUNTY, PENNSYLVANIA

CIVIL DIVISION

_____,)
_____)
v.) No. _____
_____)
_____) Trial Judge: _____
_____)

CERTIFICATE OF READINESS FOR PRE-TRIAL CONFERENCE

Discovery is completed: (Y) _____ (N) _____

Pleadings are closed: (Y) _____ (N) _____

Amount at issue: _____

Type of trial: Jury _____ Non-jury _____

Date Jury demand filed: _____

Estimated number of witnesses at trial: _____

Estimated length of trial: _____

Special issues of fact or law: _____

Signature of Trial Counsel

Counsel who will actually try the case: _____ Telephone: _____

Plaintiff: _____

Defendant: _____

Additional Defendants: _____

Objections to the Certificate of Readiness are to be made to the assigned judge within 10 days of service, otherwise the opposition will be deemed to be in agreement with the statements contained therein.

IN THE COURT OF COMMON PLEAS OF WASHINGTON COUNTY, PENNSYLVANIA

CIVIL DIVISION

_____)	
_____)	
_____)	
Plaintiff,	)	No. _____
)	
v.	)	Hearing Date: _____
)	
_____	)	YOU WILL BE NOTIFIED BY THE
_____	)	COURT ADMINISTRATOR'S
OFFICE)	
_____	)	AS TO DATE AND TIME
Defendant.)	

NOTICE TO DEFEND

YOU HAVE BEEN SUED in court. IF YOU WISH TO DEFEND against the claims set forth in the following pages, YOU MUST TAKE ACTION WITHIN TWENTY (20) DAYS after this complaint and notice are served, by entering a written appearance personally or by attorney and filing in writing with the court your defenses or objections to the claims set forth against you. You are warned that IF YOU FAIL to do so, the case may proceed without you and A JUDGMENT may be entered against you by the court without further notice for any money claimed in the complaint or for any claim or relief requested by the plaintiff. YOU MAY LOSE MONEY OR PROPERTY or other rights important to you.

You should take this paper to your lawyer at once.

If you do not know a lawyer, contact:

If you cannot afford a lawyer, contact:

Lawyer Referral Service
119 South College Street
Washington, PA 15301
Telephone Number (724) 225-6710

Southwestern Pennsylvania Legal
Aid Society
10 West Cherry Avenue
Washington, PA 15301
Telephone Number (724) 225-6170

CIVIL ACTION: _____

1. The Plaintiff's address is _____

2. The Defendant's address is _____

(STATE BRIEFLY, CONCISELY, NATURE AND AMOUNT OF THE CLAIM)

3. On or about _____

WHEREUPON, Plaintiff claims damages from the Defendant in the sum of \$ _____

NOTICE: You are hereby notified to
return "NOTICE OF INTENTION
TO APPEAR" within twenty (20) days
from service hereof or a default
judgment may be entered against you.

Attorney for Plaintiff or Plaintiffs

Address

IN THE COURT OF COMMON PLEAS OF WASHINGTON COUNTY, PENNSYLVANIA

CIVIL DIVISION

_____)
_____)
_____)
Plaintiff,)
v.) No. _____
_____) Hearing Date: _____
_____) **YOU WILL BE NOTIFIED BY THE**
COURT ADMINISTRATOR'S
OFFICE) **AS TO DATE AND TIME**
_____)
Defendant.)

NOTICE OF INTENTION TO APPEAR

To the Plaintiff or the Plaintiff's Attorney:

I intend to appear at the hearing scheduled for the above date and defend against the claim made against me. I do not owe this claim for the following reasons:

I certify that I have mailed a copy of this Notice to the Plaintiff or the Plaintiff's Attorney.

SIGN HERE:

Defendant or Defendant's Attorney, if any

ADDRESS:

DATE:

IN THE COURT OF COMMON PLEAS OF WASHINGTON COUNTY, PENNSYLVANIA

CIVIL DIVISION

_____)	
_____)	
_____)	
Plaintiff,	)	No. _____
)	
v.	)	Hearing Date: _____
)	
_____	)	YOU WILL BE NOTIFIED BY THE
_____	)	COURT ADMINISTRATOR’S
OFFICE)	
_____	)	AS TO DATE AND TIME
Defendant.)	

NOTICE OF HEARING

TO THE DEFENDANT:

A Lawsuit has been entered against you. Attached is a copy of the suit papers. You are requested to appear for a hearing on this claim.

IF YOU INTEND TO APPEAR at the hearing and defend against this claim, YOU MUST complete and detach two copies of the “Notice of Intention To Appear” at the top of this page. One completed copy of the “Notice of Intention to Appear” must be filed or mailed by Certified or Registered Mail to the Prothonotary’s Office, Courthouse, Washington, PA 15301 and the other completed copy must be mailed to: _____, within 20 days from the date that you receive these papers.

IF YOU DO NOT thus file or mail the “Notice of Intention To Appear,” OR IF YOU properly file or mail it but DO NOT APPEAR at the above time and place for the hearing: A JUDGMENT OR AN AWARDED FOR THE AMOUNT OF THE CLAIM MAY BE ENTERED AGAINST YOU.

IN THE COURT OF COMMON PLEAS OF WASHINGTON COUNTY, PENNSYLVANIA

CIVIL DIVISION

_____)	
Plaintiff,)	
)	
VS.	)	No. _____
)	
_____)	
Defendant.)	

NOTICE AND ORDER TO APPEAR

You, _____ have been sued in Court to obtain custody of _____.

You are ORDERED to appear in person at the Family Court Center, 29 West Cherry Avenue, Washington, Pennsylvania 15301, on day _____ of _____, 20____, at _____ o'clock _____.m., for a Pre-Custody Conciliation Conference Meeting before _____, Esquire, Child Custody Conference Officer.

If you fail to appear as provided by this Order, an Order for custody, partial custody or visitation may be entered against you or the Court may issue a warrant for your arrest.

YOU SHOULD TAKE THIS PAPER TO YOUR LAWYER AT ONCE. IF YOU DO NOT HAVE A LAWYER OR CANNOT AFFORD ONE, GO TO OR TELEPHONE THE OFFICE SET FORTH BELOW TO FIND OUT WHERE YOU CAN GET LEGAL HELP.

LAWYER REFERRAL SERVICE
119 SOUTH COLLEGE STREET
WASHINGTON PA 15301
(724) 225-6710

DATE: _____

IN THE COURT OF COMMON PLEAS OF WASHINGTON COUNTY, PENNSYLVANIA

CIVIL DIVISION

_____,)
Plaintiff,)
vs.) No. _____
_____,)
Defendant.)

WASHINGTON COUNTY PARENT PLAN

THE FOLLOWING INFORMATION SHALL BE COMPLETED AND RETURNED TO THE DIVORCE/CUSTODY OFFICE AT THE FAMILY COURT CENTER, SUITE 209, 29 WEST CHERRY AVENUE, WASHINGTON PA 15301, NO LATER THAN ONE WEEK PRIOR TO THE SCHEDULED CONFERENCE.

1) YOUR NAME: _____

ADDRESS: _____

TELEPHONE (HOME): _____ (WORK): _____

DATE OF BIRTH: _____

MARITAL STATUS: _____

EDUCATION: _____

2) CURRENT OCCUPATION: _____

PLACE OF EMPLOYMENT: _____

WORK SCHEDULE: _____

3) IF SEPARATED, DATE OF SEPARATION: _____

4) NAME OF CURRENT PARTNER, IF APPLICABLE: _____

5) MEMBERS OF PRESENT HOUSEHOLD, AND RELATIONSHIP TO CHILD(REN): _____

6) FULL NAMES AND DATES OF BIRTH OF CHILDREN INVOLVED IN THIS PROCEEDING:

1) NAME: _____ DOB: _____

2) NAME: _____ DOB: _____

3) NAME: _____ DOB: _____

4) NAME: _____ DOB: _____

5) NAME: _____ DOB: _____

7) CHILDREN'S SCHEDULES: (School, Extra-Curricular Activities, Clubs)

8) CURRENT CUSTODY SCHEDULE:

9) YOUR RECOMMENDATION FOR CUSTODY/VISITATION:

10) ISSUES/PROBLEMS/CONCERNS:

11) CHILD SUPPORT ORDER DATE, AMOUNT AND ARREARAGES, IF ANY:

12) ANY ADDITIONAL INFORMATION YOU WISH TO LIST:

APPENDIX G

IN THE COURT OF COMMON PLEAS OF WASHINGTON COUNTY, PENNSYLVANIA

CIVIL DIVISION

_____)	
Plaintiff,)	
)	
vs.	)	No. _____
)	
_____)	
Defendant.)	

ORDER

AND NOW, this _____ day of _____, 2004, upon the request of _____ for Trial De Novo, a Pretrial Conference in the above-referenced matter is scheduled for _____, 2004, at _____ .m. All parties are to be present and Pretrial Statements are due at least forty-eight (48) hours before the conference date.

The Court further directs all parties to immediately contact Southwestern Pennsylvania Human Services at the C.A.R.E. Center, Inc., 75 East Maiden Street, Washington, PA 15301, phone number (724) 228-2200. The parties are to enroll in and successfully complete the programs on Parenting, Improved Communication Skills and Conflict Resolution, as well as Individual and Family Counseling. Each party must contact the C.A.R.E. Center and schedule an appointment with that organization before Trial De Novo. In the event that any of the parties fail to schedule an appointment and/or actively participate in the counseling sessions directed by the Court, the offending party may be subject to sanctions upon proper Motion.

BY THE COURT:

_____ J.
Family Court Judge

IN THE COURT OF COMMON PLEAS OF WASHINGTON COUNTY, PENNSYLVANIA

CIVIL DIVISION

Plaintiff,)
vs.) No. _____

Defendant.)

UNCONTESTED MOTIONS VERIFICATION FORM

I, _____, Esquire, hereby represent to the Court, as indicated by the signature of opposing counsel or litigant(s) below (facsimile accepted), as the case may be, that the attached motion has been served on opposing counsel/litigant(s) and has been consented to by opposing counsel/litigant(s). I further acknowledge and agree to be responsible for retrieving the instant motion after it is signed by the Judge, filing of said motion and order, and service of a copy of the order on all opposing counsel/litigant(s), all in a timely fashion.* I understand that failure of myself or my client to appear for scheduled hearings may result in imposition of penalties and/or sanctions in the form of fines or attorney's fees upon myself, my firm, and/or my client.

Opposing Counsel/Litigant(s)

Presenting Attorney

Date

Date

Phone Number

Phone Number

*In cases where a hearing date is to be scheduled, please advise the Judge's secretary of any special scheduling requests, such as vacations, conflict dates, etc.; otherwise, a date will be assigned.

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CIVIL DIVISION

_____)
Plaintiff,)
v.) No. _____
_____)
Defendant.)

ORDER

AND NOW, this _____ day of _____, 20 _____, upon consideration of the request of the _____ for marital counseling pursuant to Section 202 of the Divorce Code of 1980, IT IS HEREBY ORDERED AND DECREED:

1. That the parties shall attend _____ counseling sessions with _____, having been selected by _____.
2. That the cost of the counseling shall be borne by _____.
3. That the counselor shall make a written report to the Court indicating the date(s) of the counseling session(s) and who was present.
4. That the counseling sessions established hereby to be completed no later than _____.

BY THE COURT:

IN THE COURT OF COMMON PLEAS OF WASHINGTON COUNTY, PENNSYLVANIA

CIVIL DIVISION

_____)	
Plaintiff,)	
)	
vs.	)	No.: _____
)	
_____)	
Defendant.)	
)	

MOTION FOR APPOINTMENT OF MASTER

_____, (Plaintiff) (Defendant) moves the Court to appoint a master with respect to the following claims:

- | | |
|--|---|
| <input type="checkbox"/> Divorce | <input type="checkbox"/> Distribution of Property |
| <input type="checkbox"/> Annulment | <input type="checkbox"/> Support |
| <input type="checkbox"/> Alimony | <input type="checkbox"/> Counsel Fees |
| <input type="checkbox"/> Alimony Pendente Lite | <input type="checkbox"/> Costs and Expenses |

and in support of the motion states:

(1) Discovery is complete as to the claim(s) for which the appointment of master is requested.

(2) The defendant (has) (has not) appeared in the action (personally) (by his attorney, _____, Esq.)

(3) The statutory ground(s) for divorce (is) (are) _____.

(4) Delete the inapplicable paragraph(s):

- (a) The action is not contested.
- (b) An agreement has been reached with respect to the following claims: _____

(5) The action (involves) (does not involve) complex issue of law or fact.

(6) The hearing is expected to take _____ (hours) (days).

(7) Attached hereto is the completed form required by the Commonwealth of Pennsylvania Department of Health, Bureau of Vital Statistics.

(8) Additional information, if any, relevant to the motion:

_____.

(9) Attached to this motion is proof of payment of the \$350.00 Master/Stenographer fee or request to proceed in forma pauperis.

Date: _____

Attorney for (Plaintiff) (Defendant)

I.D. No.: _____

IN THE COURT OF COMMON PLEAS OF WASHINGTON COUNTY, PENNSYLVANIA
CIVIL DIVISION

Plaintiff,)
)
)
)
vs.) No.:
)
)
Defendant.)
)

CERTIFICATE OF DEPOSITION

I certify that on the _____ day of _____, _____, the following person(s) appeared before me and gave deposition under oath:

Name:	Number of Pages
_____	_____
_____	_____

Further, I certify that counsel listed below were present at the deposition and that distribution was made by me as indicated:

Name:	Original or Copy
_____	_____
_____	_____

Stenographer/Reporter

Date