

CIVIL DIVISION

)	
)	
Plaintiff,)	
)	No.:
-vs-)	
)	
Defendant.)	TO SCHEDULE ARBITRATION HEARING A "PRAECIPE FOR REFERENCE TO A BOARD OF ARBITRATION" MUST BE FILED.

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 \$ _____

Attorney for Plaintiff or Plaintiffs

Address

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.

APPENDIX B

IN THE COURT OF COMMON PLEAS OF WASHINGTON COUNTY, PENNSYLVANIA

CIVIL DIVISION

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

NOTICE OF INTENTION TO APPEAR

To the Plaintiff or the Plaintiff's Attorney:

I intend to appear at the hearing 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:

TO BE FILED WITH PROTHONOTARY

APPENDIX B

IN THE COURT OF COMMON PLEAS OF WASHINGTON COUNTY, PENNSYLVANIA

CIVIL DIVISION

Plaintiff,)
vs) No.:
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, 1 South Main Street, 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.

APPENDIX B

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

AMERICANS WITH DISABILITIES ACT OF 1990

THE COURT OF COMMON PLEAS OF WASHINGTON COUNTY IS REQUIRED BY LAW TO COMPLY WITH THE AMERICANS WITH DISABILITIES ACT OF 1990. FOR INFORMATION ABOUT ACCESSIBLE FACILITIES AND REASONABLE ACCOMMODATIONS AVAILABLE TO DISABLED INDIVIDUALS HAVING BUSINESS BEFORE THE COURT, PLEASE CONTACT OUR OFFICE. ALL ARRANGEMENTS MUST BE MADE AT LEAST 72 HOURS PRIOR TO ANY HEARING OR BUSINESS BEFORE THE COURT.

DATE: _____ J

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: _____

APPENDIX F

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:

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., 62 East Wheeling 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.

APPENDIX G/CUSTODY

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.

APPENDIX H/CUSTODY

IN THE COURT OF COMMON PLEAS OF WASHINGTON COUNTY, PENNSYLVANIA

CIVIL DIVISION

_____)	
Plaintiff,)	
)	
vs)	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:

APPENDIX I

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:

- Divorce
- Annulment
- Alimony
- Alimony Pendente Lite
- Distribution of Property
- Support
- Counsel Fees
- 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.: _____

APPENDIX J

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

IN THE COURT OF COMMON PLEAS OF WASHINGTON COUNTY, PENNSYLVANIA

CIVIL DIVISION

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

ORDER

NOW, _____, 20____, upon consideration of the foregoing motion, the Court appoints _____, Esquire, as Master to hear the testimony and return the record and a transcript of the testimony to the Court, together with a report and recommendations concerning the following claims:

- () Action of divorce or annulment
- () Equitable apportionment of marital property
- () Counsel fees and costs
- () Permanent alimony
- () Other

BY THE COURT,

_____J.

CUSTODY AND DIVORCE FEE SCHEDULE

- Prothonotary’s filing fee Divorce as established by Prothonotary up to the maximum allowable by statute, including any other statutorily required fees and charges (non-refundable)
- Prothonotary’s filing fee Custody only as established by Prothonotary up to the maximum allowable by statute, including any other statutorily required fees and charges (non-refundable)
- County charge on each additional count in the Divorce Complaint (\$15.00)
- Administrative Charges (non-refundable) (\$50.00)
- Master/Stenographic fee (non-refundable) (\$350) for Divorce Cases only

(This fee covers 1-2 Preliminary Conferences, a one-hour hearing on Preliminary issues, if necessary, and a maximum of a one-day hearing. Each additional half-day of testimony will be charged at the rate of \$175.00 per half-day. Assignment of the costs will be made by the Master and paid in advance.)

- Child Custody Conference Officer Fee (non-refundable) (\$150.00) for Custody.

(This fee is required in those actions in which a custody complaint is filed alone or in conjunction with a divorce complaint and for each subsequent filing for modification or an existing custody order.)

APPENDIX G/DIVORCE

CIVIL DIVISION

))
))
 Plaintiff,))
 vs.))
))
))
 Defendant.))

No.:

Date:

I am requesting that the following matters be referred promptly to the Court Administration/Civil Division Office. I understand that by availing myself of the services listed in items 4, 5, or 6, I am incurring a \$350.00 charge for payment of the Master and Court Reporter. This fee is not refundable and must be paid and proof of payment submitted before the master will be appointed.

1. Custody YES NO

If you checked "YES" the matter will be referred to a Child Custody Conference Officer upon receipt of your petition. Filing of your petition will require a charge of \$150.00 for payment of the Child Custody Conference Officer.

2. Child Support Initial Action YES NO

If you checked "YES", regarding an initial action, the matter will be referred to the Domestic Relations Office.

3. Child Support Modification of existing order YES NO

If you checked "YES", regarding modification, the matter will be referred to the Domestic Relations Office

4. APL YES NO

If you checked "YES", a master will be appointed to conduct a preliminary hearing on this matter.

5. Counsel Fees, Costs and Expenses YES NO

If you checked "YES", a master will be appointed to conduct a preliminary hearing on this matter.

6. Equitable Distribution YES NO

If you checked "YES", a master will be appointed to conduct a preliminary hearing on this matter. (Please check **all** appropriate boxes, but do not check "YES" unless immediate relief is requested.)

Signature

DEFENDANT NAME: _____

PRELIMINARY HEARING DATE: _____

OTN: _____

I, _____ MDJ, pursuant to Washington County Local Rule 141 and after a review of the above named defendant's financial status have determined that said defendant is indigent. I have, by request, tape recorded the Preliminary Hearing and am forwarding same to the Court Administrator's Office where the parties can, by written request, obtain a copy of the tape. If no request for a duplicate audio cassette tape is received within 60 days of the preliminary hearing, the Court Administrator will erase the audio cassette tape.

_____ MDJ

FOR COURT ADMINISTRATOR'S OFFICE USE:

Defendant's tape received by: _____

Commonwealth's tape received by: _____