
INFORMATION ON FILING A SUMMARY APPEAL

(TO APPELLANT: PLEASE READ CAREFULLY)

A \$50.00 filing fee must accompany the properly completed SUMMARY APPEAL form, which must be filed within 30 days of the magistrate decision. This fee is **NON-REFUNDABLE**. Checks are to be made payable to the **Clerk of Courts**.

If you are without funds to pay the filing fee, you must prepare and submit to the Court a Petition to Proceed In Forma Pauperis. We have forms or you may go to the Law Library to research the preparation of a formal petition. There are no exceptions - you must have the necessary fee or permission from the Court to proceed IFP. **THE IFP PETITION MUST BE SUBMITTED TO THE COURT IN PERSON.**

This office will provide notification of the assigned initial hearing date to the Appellee (person filing), the District Judge, the District Attorney, and the Affiant (prosecuting officer). **THIS IS THE ONLY NOTICE THAT YOU WILL RECEIVE OF THE HEARING.**

You must be present in court at the assigned time, prepared to proceed with your case. If you have engaged the services of an attorney, he/she should be present with you in court. You may bring any witnesses; you are responsible for the payment of fees to said witnesses.

If the assigned date for the hearing is inconvenient, you may petition the Court for a continuance. (If the court grants a continuance, you or your attorney are responsible for notifying all interested parties.)

Should the Commonwealth seek a continuance, you will be notified of the continuance by regular mail. If your address should change, please notify this office immediately.

If the Court imposes sentence, the sentence may include costs and fines. You will be expected to pay in full any amount due on the date of sentencing. If you cannot pay, you must request additional time directly from the Clerk of Courts at your sentencing hearing. The Court will instruct you as to your appeal rights. If payment arrangements are to be made, please report to the Clerk of Courts Collection Department.

Within ten (10) days of the disposition of your case, if appropriate, a DL-215 form will be submitted to the Department of Transportation.

BRENDA DAVIS,
Clerk of Courts

(ONLY FOR LICENSE IN JEOPARDY OF SUSPENSION / NOT POINTS)

LICENSE INFORMATION:

If your appeal is from a motor vehicle conviction that will result in your driver's license being suspended, you may obtain a certification from the Clerk of Courts that you have filed an appeal.

You must mail a certified copy of your appeal form to:

PA DEPARTMENT OF TRANSPORTATION
Correspondence Unit
PO Box 68618
Harrisburg, PA 17106

**IN THE COURT OF COMMON PLEAS OF WASHINGTON COUNTY, PENNSYLVANIA
NOTICE OF APPEAL FROM SUMMARY CONVICTION**

PLEASE TYPE OR PRESS FIRMLY WITH PEN

Name and Address of Defendant _____ _____ _____ Zip _____
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Date of Appeal _____ Issuing Authority Dkt. No. _____ _____ Citation No. _____ Magisterial District No. _____

Date of District Judge Sentence _____ for Offense(s) _____

Date of entry of guilty plea, conviction, or other final order from which appeal is taken: _____

Name and mailing address of affiant/prosecutor as shown on citation or complaint (arresting officer) _____ _____ _____

If sentence includes fines and costs, amount paid if any: _____ Type or amount of bail furnished to issuing authority, if any: _____

Name and address of issuing authority (District Judge) _____ _____ _____ Zip _____

Name and address of attorney for defendant, if any: ID# _____ Printed Name: _____ Address: _____ Zip _____ Signature: _____ <small>NOTE: if appeal is filed by an attorney, signature indicates entry of appearance for purposes of appeal</small>

I hereby acknowledge personal service of a copy of this notice scheduling a SUMMARY COURT HEARING before Judge _____ on _____, 20____, at _____ a.m. in Courtroom No. _____, County Courthouse, Washington, PA. If I cannot attend this scheduled hearing, I will seek continuance. If a continuance is granted, I will notify the District Attorney of continuance in writing. Should I secure the services of legal counsel, I will notify said counsel of this hearing and advise counsel that he must enter an appearance for me to receive hearing notices.

Sworn to and subscribed before me
this _____ day of _____, 20_____

BRENDA DAVIS, CLERK OF COURTS
Washington County, Pennsylvania
My Term Expires: 1st Monday, January, 20_____

APPELLANT/ATTORNEY

NOTICE TO DEFT.: IF APPEAL IS FROM MOTOR VEHICLE CONVICTION OTHER THAN PARKING, YOU MAY ASK FOR A CERTIFIED COPY OF THIS APPEAL WHICH YOU SHOULD MAIL TO:
**PA DEPT. OF TRANSPORTATION, BUREAU OF LICENSING,
P.O. BOX 68618 HARRISBURG, PA 17106.**

SERVICE

District Attorney _____
*Affiant: # _____

*Issuing Authority: _____

FAX
 MAIL

NOTE: *Service, the above date unless otherwise specified and by Certified Mail, Return Receipt Requested.

Filing Fee Check _____ Cash _____