LACKAWANNA COUNTY COURT OF COMMON PLEAS CIVIL COVER SHEET INSTRUCTIONS

An Attorney or pro se party filing a document commanding any type of civil action shall file a properly completed Civil Cover sheet. Copies of the Civil Cover Sheet shall be attached to service copies of the document commencing the action.

PARTIES

Regardless of the type of action, the initiating party or parties shall be designated as Plaintiff or Plaintiffs and the responding party or parties shall be designated as Defendant or Defendants. Name of individuals shall be listed as last name, first name, middle initial. Full names of agencies and occupations shall be provided. Spouses shall be listed as separate parties unless the claim of one spouse is limited to claim for consortium in which case the designation, et ux, or et vir shall be used. Where there are more than three plaintiffs or defendants, a supplemental form listing the additional parties shall be attached to the Cover Sheet.

The section labeled "Remarks" if for procedural matters only. These may include such matters as related cases where consolidation might be advisable. Matters such as expected difficulty with service of process or the status of settlement discussions do not belong in this section.

CASE TYPE	AND COD	E DESIGNATION
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	THE COME PROMITE TON			
FAM	Family Court	L	TORT/BF	Tort Bad Faith
FAM/CUST	Custody		TORT/WCP	Wrongful use of Civil Process
FAM/DIV	Divorce		TORT/O	Other torts
MCT	Minor Court Appeal		NGL/MVA	Motor Vehicle Accident
LAG	Local Agency Appeal		NGL/NF	No-Fault Benefits
LAG/MVS	Motor Vehicle Suspension		NGL/PI	Personal Injury
LAG/ZB	Zoning Board Appeal		NGL/PREM	Premises Liability
LAG/O	Other Agency Appeals		NGL/PROD	Product Liability
PCP/VAL	Validation of Tax Title		NGL/TT	Toxic Tort
PCP/TS	Tax Sale		NGL/O	Other Negligence Action
PCP/OBJ	Objection to Tax Sale	M	MLP/D	Dental Malpractice
PCP/PRIV	Petition to set aside private sale		MLP/L	Legal Malpractice
PCP/O	Other Proceedings commenced by		MLP/M	Medical Malpractice
	Petition		MLP/O	Other Malpractice
CJ	Confession of Judgment		EQ	Equity
CLASS	Class Action	RE	REPL	Replevin
CNT	Contract cases		RP	Real Property
DECL	Declaratory Judgment		RP/EJ	Ejectment
COND/DT	Condemnation/Declaration of Taking		RP/QT	Quiet Title
TORT/AB	Assault & Battery		RP/MF	Mortgage Foreclosure
TORT/LS	Libel & Slander		RP/ML	Mechanic's Lien
TORT/FR	Fraud		RP/PRT	Petition
			PP	Personal Property Actions
				the state of the s

STATUTORY CAUSE OF ACTION

If the action is commenced pursuant to statutory authority, the specific statute must be identified with full citation.

PENDING CASES

Previously filed related cases must be identified by caption and docket number whether or not Consolidated.

COURT OF COMMON PLEAS OF LACKAWANNA COUNTY

CIVIL COVER SHEET		FOR CLERK OF JUDICIAL RECORDS USE ONLY		
		Docket Number:		
		13.1.12.2.2.2.2.2.2.2.2.2.2.2.2.2.2.2.2.		
PLAINTIFF'S NAME		Bernatin triangle		
PLANTIFF S NAME		DEFENDANT'S NAME		
PLAINTIFF'S ADDRESS		DEFENDANT'S ADDRESS	_	
PLAINTIFF'S NAME		DEFENDANT'S NAME		
		The state of the s		
PLAINTIFF'S ADDRESS		DEFENDANT'S ADDRESS		
PLAINTIFF'S NAME		DEFENDANT'S NAME		
PLAINTIFF'S ADDRESS		DEFENDANT'S ADDRESS		
-2002-2000-000-000		CONTRACTOR SERVICES		
	- Production of the Control of the C			
TOTAL NUMBER OF PLAINTIFFS	TOTAL NUMBER OF DEFENDANTS	COMMENCEMENT OF ACTION		
		Complaint Patition Action Notice of Appeal		
		Writ of Summons Transfer from other jurisdictions		
AMOUNT IN CONTROVERSY In Excess of Jurisdictional Amount?	COURT PROGRAMS	V 2/22/20 - 102/20 200/20 00 (2/20/20/20 - 00)		
Yas No	Arbitration July Non-Jury Other	Petition Minor Court Appeal Statutory Appeals		
CASE TYPE AND CODE (SEE INSTRUCTIO	The state of the s			
V. C.	-			
STATUTORY FOR CAUSE OF ACTION (SEE	INSTRUCTIONS)			
REMARKS:				
TO THE CLERK OF JUDICIAL RECORDS				
Please enter my appearance on behalf of P	offic fractions			
Pagers may be served at the address set forth below NAME OF PLAINTFF'S ATTORNEY OR PRO SE PLAINTIFF		ADDRESS	_	
		ADDRESS		
(1				
PHONE NUMBER	FAX NUMBER			
	14.600.000.000.000			
SUPREME COURT IDENTIFICATION NO.		E-MAIL ADDRESS		
SIGNATURS		DATE		