

# FORM OF COVER SHEET FOR COMPLAINT

Court of Common Pleas of Beaver County  
Civil Division  
**Civil Cover Sheet**

For Prothonotary Use Only (Docket Number)

PLAINTIFF'S NAME	DEFENDANT'S NAME
PLAINTIFF'S ADDRESS	DEFENDANT'S ADDRESS
PLAINTIFF'S NAME	DEFENDANT'S NAME
PLAINTIFF'S ADDRESS	DEFENDANT'S ADDRESS
PLAINTIFF'S NAME	DEFENDANT'S NAME
PLAINTIFF'S ADDRESS	DEFENDANT'S ADDRESS

TOTAL NO. OF PLAINTIFFS	TOTAL NO. OF DEFENDANTS	COMMENCEMENT OF ACTION <input type="checkbox"/> Complaint <input type="checkbox"/> Writ of Summons <input type="checkbox"/> Notice of Appeal <input type="checkbox"/> Transfer From Other Jurisdictions
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AMOUNT IN CONTROVERSY <input type="checkbox"/> \$35,000 or Less <input type="checkbox"/> Over \$35,000	CASE TYPE <input type="checkbox"/> Motor Vehicle <input type="checkbox"/> Medical Malpractice <input type="checkbox"/> Other Professional Liability <input type="checkbox"/> Product Liability <input type="checkbox"/> Other _____ <input type="checkbox"/> Mortgage Foreclosure <input type="checkbox"/> Ejectment <input type="checkbox"/> Statutory Appeals <input type="checkbox"/> Quiet Title <input type="checkbox"/> Partition <input type="checkbox"/> Declaratory Judgment <input type="checkbox"/> Replevin <input type="checkbox"/> Asbestos <input type="checkbox"/> Domestic Relations <input type="checkbox"/> Divorce <input type="checkbox"/> Custody
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**TO THE PROTHONOTARY:**  
Kindly enter my appearance on behalf of Plaintiff/Petitioner/Appellant: (or Pro Se Litigant)  
Papers may be served at the address set forth below

NAME OF PLAINTIFF'S/PETITIONER'S/APPELLANT'S ATTORNEY (OR PRO SE LITIGANT)	ADDRESS (SEE INSTRUCTIONS)	
PHONE NUMBER	FAX NUMBER	EMAIL ADDRESS
SIGNATURE	SUPREME COURT IDENTIFICATION NO.	DATE