

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
	DEFENDANT'S NAME
	DEFENDANT'S ADDRESS

TOTAL NO. OF PLAINTIFF	TOTAL NO. OF DEFENDANTS	COMMENCEMENT OF ACTION <input type="checkbox"/> Complaint <input type="checkbox"/> Notice of Appeal <input type="checkbox"/> Writ of Summons <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 <hr/> ARBITRATION CASE <input type="checkbox"/> Yes <input type="checkbox"/> No	CASE TYPE <input type="checkbox"/> Motor Vehicle <input type="checkbox"/> Mortgage Foreclosure <input type="checkbox"/> Partition <input type="checkbox"/> Medical Malpractice <input type="checkbox"/> Ejectment <input type="checkbox"/> Declaratory Judgment <input type="checkbox"/> Other Professional Liability <input type="checkbox"/> Statutory Appeals <input type="checkbox"/> Replevin <input type="checkbox"/> Product Liability <input type="checkbox"/> Quiet Title <input type="checkbox"/> Asbestos <input type="checkbox"/> Other : _____ <input type="checkbox"/> Domestic Relations <input type="checkbox"/> Divorce <input type="checkbox"/> Custody
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TO THE PROTHONOTARY:			
NAME OF PLAINTIFF'S/PETITIONER/APPELLANT'S ATTORNEY (OR PRO SE LITIGANT):		ADDRESS (SEE INSTRUCTIONS)	
PHONE NUMBER	FAX NUMBER	EMAIL ADDRESS	
SIGNATURE		SUPREME COURT IDENTIFICATION NO	DATE