



# Legal Aid of Southeastern PA

## How to File a Landlord and Tenant Appeal to Stop an Eviction in Delaware County, PA.

If you are a tenant and want to appeal an eviction judgment and remain in your home, you must do so within **10 days** of the Magisterial District Court Judge's decision. 10 days includes weekends and holidays. All appeals must be filed in person at the Office of Judicial Support (OJS) located in the Media court house at 201 W. Front St, Media, PA 19063.

### Follow these steps to file your appeal:

**Step 1:** You will need a copy of the Magisterial District Court Judge's decision (called a "*Notice of Judgment/Transcript*"), which should have been mailed to you after your eviction hearing. If you didn't get it, call the Magisterial District Court and request a copy.

**Step 2:** Fill out the "*Court of Common Pleas Civil Cover Sheet*" (Form 1). You are the defendant. Your landlord is the plaintiff.

**Step 3:** Fill out the "*Entry of Appearance as a Self-Represented Party*" (Form 2). You must give a copy to your landlord/plaintiff.

**Step 4:** Fill out the "*Notice of Appeal*" (Form 3). You are the appellant. Your landlord is the appellee.

**Step 5:** You must pay a \$297.25 filing fee to file your appeal. If you cannot afford to pay the filing fee, you can ask the court to waive the fee by completing a "*Petition to Proceed In Forma Pauperis*" (Form 4). You must answer all questions about your income or the court may deny the petition. You should attach some proof of your income to the petition. If you do not have any proof of your income, you should explain why in the petition or the court may deny your request. You have a right to file the petition even if you do not have proof of income.

**Step 6:** You must pay rent to the court when you file the appeal. Choose one of the following:

- If you are low-income, complete the "*Tenant's Supersedeas Affidavit (Non-Section 8)*" (Form 5). If you have not paid rent to your landlord this month, you must pay 1/3 of your

monthly rent to the Court when you file the appeal. You must then pay 2/3 of your monthly rent to the Court within 20 days after you file the appeal.

- If you are a Section 8 or subsidized housing tenant, complete the “*Section 8 – Tenant’s Supersedeas Affidavit*” (Form 6). If you have not paid rent to your landlord this month, you must pay 1/3 of your monthly tenant payment to the Court when you file the appeal. You must then pay 2/3 of your monthly tenant payment to the Court within 20 days after you file the appeal.
- If you are not low-income, you must pay 3 months' rent or the amount of rent the Magisterial District Judge says you owe (whichever is less) to the Court.

**Step 7:** Take all of your papers to be filed at the Office of Judicial Support (OJS) - Civil Filings located at 201 W. Front St. Media, PA 19063.

**Step 8:** After you file your appeal, OJS should give you two copies of the “*Notice of Appeal*” (Form 3). You must give one copy to your landlord and one copy to the Magisterial District Judge. You can hand a copy to your landlord and to the Judge, or you can send them each a copy by certified mail return receipt requested. (There is a post office 6 blocks from the Media court house located on the corner of Baltimore Ave. and Monroe Street.)

**Step 9:** Lastly, complete a “*Proof of Service*” (Form 7) and file it at the Media court house. You are telling the court how you gave your landlord and the Magisterial District Judge a copy the Notice of Appeal. If you sent the documents by certified mail, attach your certified mail receipts. You must file this form within 10 days of the date you file your appeal or you can be evicted.

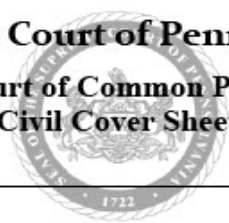
**Step 10:** You must continue to pay your rent in full to the court escrow every 30 days from the day you file your appeal and continue until your appeal hearing. Your appeal hearing will be scheduled 9 months from the day you file the appeal.

**Other info:** When you file an appeal, the court takes a fresh look at the case which means that your landlord can ask for more or less money from you at the appeal hearing. After you file your appeal, your landlord must file a Complaint with the court and you must file an Answer. Failure to complete any of the steps in this brochure may result in your eviction. To apply to Legal Aid of Southeastern PA call our Helpline at (877) 429-5994, or apply online at [www.lasp.org/apply](http://www.lasp.org/apply).

\* This brochure provides general information and not specific legal advice. Individual facts in a given case may involve other laws, rules, or regulations not referred to here. You should not rely solely on this brochure and should consult an attorney.

Supreme Court of Pennsylvania

Court of Common Pleas  
Civil Cover Sheet



County \_\_\_\_\_

<i>For Prothonotary Use Only:</i>	TIME STAMP
Docket No: _____	

*The information collected on this form is used solely for court administration purposes. This form does not supplement or replace the filing and service of pleadings or other papers as required by law or rules of court.*

SECTION A	<b>Commencement of Action:</b> <input type="checkbox"/> Complaint <input type="checkbox"/> Writ of Summons <input type="checkbox"/> Petition <input type="checkbox"/> Transfer from Another Jurisdiction <input type="checkbox"/> Declaration of Taking	
	Lead Plaintiff's Name: _____	Lead Defendant's Name: _____
	Are money damages requested? <input type="checkbox"/> Yes <input type="checkbox"/> No	Dollar Amount Requested: <input type="checkbox"/> within arbitration limits (check one) <input type="checkbox"/> outside arbitration limits
	Is this a <i>Class Action Suit</i> ? <input type="checkbox"/> Yes <input type="checkbox"/> No	Is this an <i>MDJ Appeal</i> ? <input type="checkbox"/> Yes <input type="checkbox"/> No
	Name of Plaintiff/Appellant's Attorney: _____ <input type="checkbox"/> <b>Check here if you have no attorney (are a Self-Represented [Pro Se] Litigant)</b>	

**Nature of the Case:** Place an "X" to the left of the **ONE** case category that most accurately describes your **PRIMARY CASE**. If you are making more than one type of claim, check the one that you consider most important.

SECTION B	<b>TORT (do not include Mass Tort)</b> <input type="checkbox"/> Intentional <input type="checkbox"/> Malicious Prosecution <input type="checkbox"/> Motor Vehicle <input type="checkbox"/> Nuisance <input type="checkbox"/> Premises Liability <input type="checkbox"/> Product Liability ( <i>does not include mass tort</i> ) <input type="checkbox"/> Slander/Libel/ Defamation <input type="checkbox"/> Other: _____ _____	<b>CONTRACT (do not include Judgments)</b> <input type="checkbox"/> Buyer Plaintiff <input type="checkbox"/> Debt Collection: Credit Card <input type="checkbox"/> Debt Collection: Other _____ <input type="checkbox"/> Employment Dispute: Discrimination <input type="checkbox"/> Employment Dispute: Other _____ <input type="checkbox"/> Other: _____ _____	<b>CIVIL APPEALS</b> Administrative Agencies <input type="checkbox"/> Board of Assessment <input type="checkbox"/> Board of Elections <input type="checkbox"/> Dept. of Transportation <input type="checkbox"/> Statutory Appeal: Other _____ <input type="checkbox"/> Zoning Board <input type="checkbox"/> Other: _____ _____
	<b>MASS TORT</b> <input type="checkbox"/> Asbestos <input type="checkbox"/> Tobacco <input type="checkbox"/> Toxic Tort - DES <input type="checkbox"/> Toxic Tort - Implant <input type="checkbox"/> Toxic Waste <input type="checkbox"/> Other: _____ _____	<b>REAL PROPERTY</b> <input type="checkbox"/> Ejectment <input type="checkbox"/> Eminent Domain/Condemnation <input type="checkbox"/> Ground Rent <input type="checkbox"/> Landlord/Tenant Dispute <input type="checkbox"/> Mortgage Foreclosure: Residential <input type="checkbox"/> Mortgage Foreclosure: Commercial <input type="checkbox"/> Partition <input type="checkbox"/> Quiet Title <input type="checkbox"/> Other: _____ _____	<b>MISCELLANEOUS</b> <input type="checkbox"/> Common Law/Statutory Arbitration <input type="checkbox"/> Declaratory Judgment <input type="checkbox"/> Mandamus <input type="checkbox"/> Non-Domestic Relations Restraining Order <input type="checkbox"/> Quo Warranto <input type="checkbox"/> Replevin <input type="checkbox"/> Other: _____ _____
	<b>PROFESSIONAL LIABILITY</b> <input type="checkbox"/> Dental <input type="checkbox"/> Legal <input type="checkbox"/> Medical <input type="checkbox"/> Other Professional: _____ _____		

\_\_\_\_\_  
PLAINTIFF

vs.

NO. \_\_\_\_\_

\_\_\_\_\_  
DEFENDANT

**ENTRY OF APPEARANCE AS A SELF-REPRESENTED PARTY**

1. I am the  Plaintiff  Defendant in the above-captioned ( **select one**)  custody,  divorce,  support,  protection from abuse,   paternity case.

2.  This is a new case and I am representing myself in this case and have decided not to hire an attorney to represent me. OR **(check only one box)**

This is **NOT** a new case and \_\_\_\_\_ previously represented me in this case.  
(Name of Attorney)

However, I have decided not to be represented by that attorney and hereby direct the Office of Judicial Support to remove that attorney as counsel of record in this case.

I have provided a copy of this form to that attorney listed above at the following address:

\_\_\_\_\_

3. My address for the purpose of receiving all future pleadings and other legal notices is:

\_\_\_\_\_;

**AND** I understand that this address will be the only location to which important documents are sent, and that I am fully responsible to regularly check my mail at such address to ensure that I don't miss important dates or proceedings.

This is my home address.  This is not my home address.

4. My home telephone number is: \_\_\_\_\_ My email address is: \_\_\_\_\_

My cellular telephone number is: \_\_\_\_\_ My facsimile number is: \_\_\_\_\_

5.  **I UNDERSTAND THAT I MUST FILE A NEW FORM EVERY TIME MY ADDRESS, HOME TELEPHONE NUMBER OR CELLULAR TELEPHONE NUMBER CHANGES – NO EXCEPTIONS!**

6.  I have provided a copy of this form to all other attorneys or other self-represented parties at the following addresses as listed below:

Name \_\_\_\_\_ Address \_\_\_\_\_

Name \_\_\_\_\_ Address \_\_\_\_\_

Name \_\_\_\_\_ Address \_\_\_\_\_

Name \_\_\_\_\_ Address \_\_\_\_\_

7.  I fully understand that by deciding to represent myself, the Court will hold me to the same standards of knowledge regarding the Statutory Law, Evidence Law, Local and State Rules of Procedure and applicable case law as a Pennsylvania licensed attorney, and that I must be fully prepared to meet those responsibilities.

**I verify that the statements made in this Entry of Appearance as a Self-Represented Party are true and correct. I understand that if I make false statements herein, that I am subject to the criminal penalties of 18Pa.C.S. § 4904 relating to unsworn falsification to authorities which could result in a fine and/or prison term.**

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature (Your Signature)

COMMONWEALTH OF PENNSYLVANIA

<p><b>COURT OF COMMON PLEAS</b></p> <p>Judicial District, County of _____</p>
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**NOTICE OF APPEAL**

**FROM**

**MAGISTERIAL DISTRICT JUDGE JUDGMENT**

**COMMON PLEAS No.** \_\_\_\_\_

**NOTICE OF APPEAL**

Notice is given that the appellant has filed in the above Court of Common Pleas an appeal from the judgment rendered by the Magisterial District Judge on the date and in the case referenced below.

NAME OF APPELLANT	MAG. DIST. NO.	NAME OF MDJ
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ADDRESS OF APPELLANT	CITY	STATE	ZIP CODE
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DATE OF JUDGMENT	IN THE CASE OF ( <i>Plaintiff</i> )	( <i>Defendant</i> )
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DOCKET No.	SIGNATURE OF APPELLANT OR ATTORNEY OR AGENT
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This block will be signed ONLY when this notation is required under Pa. R.C.P.M.D.J. No. 1008. This Notice of Appeal, when received by the Magisterial District Judge, will operate as a SUPERSEDEAS to the judgment for possession in this case.

If appellant was Claimant (see Pa. R.C.P.M.D.J. No. 1001(6) in action before a Magisterial District Judge, A COMPLAINT MUST BE FILED within twenty (20) days after filing the NOTICE of APPEAL.

\_\_\_\_\_  
Signature of Prothonotary or Deputy

**PRAECIPE TO ENTER RULE TO FILE COMPLAINT AND RULE TO FILE**

(This section of form to be used ONLY when appellant was DEFENDANT (see Pa.R.C.P.M.D.J. No. 1001(7) in action before Magisterial District Judge. IF NOT USED, detach from copy of notice of appeal to be served upon appellee.

**PRAECIPE:** To Prothonotary

Enter rule upon \_\_\_\_\_, appellee(s), to file a complaint in this appeal  
*Name of appellee(s)*

(Common Pleas No. \_\_\_\_\_ ) within twenty (20) days after service of rule or suffer entry of judgment of non pros.

\_\_\_\_\_  
*Signature of appellant or attorney or agent*

**RULE:** To \_\_\_\_\_, appellee(s)  
*Name of appellee(s)*

(1) You are notified that a rule is hereby entered upon you to file a complaint in this appeal within twenty (20) days after the date of service of this rule upon you by personal service or by certified or registered mail.

(2) If you do not file a complaint within this time, a JUDGMENT OF NON PROS MAY BE ENTERED AGAINST YOU.

(3) The date of service of this rule if service was by mail is the date of the mailing.

Date: \_\_\_\_\_, 20 \_\_\_\_\_

\_\_\_\_\_  
*Signature of Prothonotary or Deputy*

IN THE COURT OF COMMON PLEAS OF DELAWARE COUNTY, PENNSYLVANIA

_____	:	NO. _____
Plaintiff	:	
	:	
v.	:	
_____	:	
Defendant	:	

**PETITION TO PROCEED IN FORMA PAUPERIS**

1. I am the plaintiff/defendant in the above matter and because of my financial condition, I am unable to pay the fees and costs of prosecuting or defending this action or proceeding.
2. I am unable to obtain funds from anyone, including my family and associates, to pay the costs of litigation.
3. I represent that the information below relating to my ability to pay the fees and costs is true and correct.
4. Please answer all questions.
5. **You may be required to attend a Court Hearing and provide evidence in support of your request to proceed In Forma Pauperis**

(a) Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Phone Number \_\_\_\_\_

Email Address: \_\_\_\_\_

(b) **Employment**

**If you are presently employed, state the following:**

Employer: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Salary or wages per month: \_\_\_\_\_

Type of Work: \_\_\_\_\_

**You must attach a copy of the following documentation:**

1. Your most recent Federal and State Income Tax Return.
2. Your most recent year to date pay stub for you.

**If you are presently unemployed, state the following:**

Date of Last Employment: \_\_\_\_\_

Salary or Wages per Month: \_\_\_\_\_

Type of Work: \_\_\_\_\_

**Please attach a copy of the following documentation:**

1. Letter of grant/denial of unemployment or worker's compensation **OR**
2. Statement of unemployment compensation or worker's compensation.

(c) **Other income within the past twelve (12) months:**

**Please attach documentation for each form of income listed below that you receive.**

1. Business or Profession: \_\_\_\_\_
2. Are you the beneficiary of any Trust, Annuity or Settlement: Yes \_\_\_ No \_\_\_  
Please explain and provide documentation: \_\_\_\_\_  
\_\_\_\_\_
3. Self-Employment: \_\_\_\_\_
4. Interest: \_\_\_\_\_
5. Dividends: \_\_\_\_\_
6. Investments: \_\_\_\_\_
7. Pension and/or Annuities: \_\_\_\_\_
8. Social Security Benefits: \_\_\_\_\_

9. Support Payments: \_\_\_\_\_
10. Disability Payments: \_\_\_\_\_
11. Unemployment Compensation  
and Supplemental Benefits: \_\_\_\_\_
12. Workmen's Compensation: \_\_\_\_\_
13. Public Assistance: \_\_\_\_\_
14. Contributions from Parents: \_\_\_\_\_
15. Contributions from Children: \_\_\_\_\_
16. Other: \_\_\_\_\_

(d) **Please list any other adult members of your household and their income**

1. Name: \_\_\_\_\_

Source of Income: \_\_\_\_\_

Amount of Income \_\_\_\_\_ Month \_\_\_\_\_ Year \_\_\_\_\_

2. Name: \_\_\_\_\_

Source of Income: \_\_\_\_\_

Amount of Income \_\_\_\_\_ Month \_\_\_\_\_ Year \_\_\_\_\_

(e) **Property Owned**

Cash: \_\_\_\_\_

Checking Account(s): \_\_\_\_\_

Savings Account(s): \_\_\_\_\_

Certificate(s) of Deposit: \_\_\_\_\_

Real Estate (including home): \_\_\_\_\_

\_\_\_\_\_



Motor Vehicles:      Make: \_\_\_\_\_      Year: \_\_\_\_\_  
   Cost: \_\_\_\_\_  
Amount Owed: \$ \_\_\_\_\_

   Make: \_\_\_\_\_      Year: \_\_\_\_\_  
   Cost: \_\_\_\_\_  
Amount Owed: \$ \_\_\_\_\_

Stocks and Bonds: \_\_\_\_\_

Other: \_\_\_\_\_

(f)      **Debts and Obligations**

Mortgage: \_\_\_\_\_

Rent: \_\_\_\_\_

Loan(s): \_\_\_\_\_

Other: \_\_\_\_\_

\_\_\_\_\_

(g)      **Persons dependent upon you for support:**

Spouse's Name: \_\_\_\_\_

Children, if any:

Name: \_\_\_\_\_      Age: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Other Persons:

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

6.      I understand that I have a continuing obligation to inform the Court of improvements in my financial circumstances which would permit me to pay the costs incurred herein.

7.      I further understand that if my Petition is approved, the Order shall allow only for the waiver of the one filing fee/cost for this action. Waiver of any other costs will require the filing of another Petition and Affidavit with supporting documentation.

8. I verify that the statements made in this affidavit are true and correct. I understand that false statements herein are subject to the penalties outlined in 18 Pa.C.S. §4904, relating to unsworn falsification to authorities.

PETITIONER: \_\_\_\_\_

DATE: \_\_\_\_\_

COMMONWEALTH OF PENNSYLVANIA

COURT OF COMMON PLEAS

County Of

LANDLORD:

NAME and ADDRESS

[ ]

VS.

TENANT:

NAME and ADDRESS

[ ]

Common Pleas Docket No.

TENANT'S SUPERSEDEAS AFFIDAVIT (NON-SECTION 8) FILED PURSUANT TO Pa.R.C.P.M.D.J. No. 1008C(2)

I, \_\_\_\_\_ (print name and address here),

have filed a notice of appeal from a magisterial district court judgment awarding to my landlord possession of real property that I occupy, and I do not have the financial ability to pay the lesser of three times my monthly rent or the judgment for rent awarded by the magisterial district court. My total household income does not exceed the income limits set forth in the supplemental instructions for obtaining a stay pending appeal and I have completed an in forma pauperis (IFP) affidavit to verify this. I have/have not (cross out the one that does not apply) paid the rent this month.

I verify that the statements made in this affidavit are true and correct to the best of my knowledge, information, and belief. I understand that false statements herein are made subject to the penalties of 18 Pa.C.S. § 4904, relating to unsworn falsification to authorities.

\_\_\_\_\_  
Date

\_\_\_\_\_  
SIGNATURE OF TENANT

IN THE COURT OF COMMON PLEAS OF DELAWARE COUNTY, PENNSYLVANIA

Civil Action - Law

	:
Plaintiff	:
	:
vs.	:
	:
	:
Defendant	:

**SECTION 8 – TENANT'S SUPERSEDEAS AFFIDAVIT**

I, \_\_\_\_\_, have filed a notice of appeal from a magisterial district court judgment awarding my landlord possession of real property that I occupy, and I do not have the financial ability to pay the lesser of three (3) times my monthly rent or the actual rent in arrears. My total household income does not exceed the income limits set forth in the supplemental instructions for obtaining a stay pending appeal and I have completed an in forma pauperis (IFP) affidavit to verify this. I have/have not (cross out the one that does not apply) paid the rent this month.

The total amount of monthly rent that I personally pay to the landlord is \$ \_\_\_\_\_. I hereby certify that I am a participant in the Section 8 – Public Housing program and I am not subject to a final (i.e., non-appealable) decision of a court or government agency which terminates my right to receive Section 8 – Public Housing assistance based on my failure to comply with program rules.

I verify that the statements made in this affidavit are true and correct to the best of my knowledge, information and belief. I understand that false statements herein are made subject to the penalties of 18 Pa.C.S. § 4904, relating to unsworn falsification to authorities.

\_\_\_\_\_  
Date

\_\_\_\_\_  
SIGNATURE OF TENANT

PROOF OF SERVICE OF NOTICE OF APPEAL AND RULE TO FILE COMPLAINT  
(This proof of service must be filed within 10 days after  
filing of the notice of appeal)

I hereby certify that I served the Notice of Appeal, Common Pleas No. \_\_\_\_\_,  
upon the Magisterial District Judge designated therein on \_\_\_\_\_, \_\_\_\_\_ by

- personal service, or
- certified or registered mail, sender's receipt attached hereto,

and upon the appellee, \_\_\_\_\_, on \_\_\_\_\_, \_\_\_\_\_ by

- personal service, or
- certified or registered mail, sender's receipt attached hereto,

I verify that the statements herein are true and correct. I understand that false statements herein are made subject to the penalties of Section 4904 of the Crimes Code (18 Pa.C.S. § 4904) relating to unsworn falsification to authorities..

By: \_\_\_\_\_  
Name

\_\_\_\_\_  
Signature