

**FIRST JUDICIAL DISTRICT OF PENNSYLVANIA
PHILADELPHIA MUNICIPAL COURT
TRIAL DIVISION - CIVIL
First Publication September 30, 2002
NOTICE TO THE BAR**

Re: Reinstatement Procedures and Forms

Please note that in an effort to modernize and streamline the procedures for reinstating claims (formerly called relistments) in the Civil Division of Municipal Court, the following actions have been taken:

1. Additional Case Lists are being added on Monday, Wednesday and Friday at 10:00 A.M. in Courtroom 4A each week in order to quickly process all pending reinstatements. If service is made, counsel and all parties should appear at these listings prepared for trial. Trials will be held the same day where possible.
2. All reinstatement requests **must** be accompanied by a "Reinstatement Cover Sheet". Counsel may pick up a sample for copying or scanning at the Civil Listings counter at 34 South 11th Street.
3. The fee for filing Reinstatement requests shall conform to the fee for Petitions, i.e., \$12.00 plus all applicable service costs, effective October 1, 2002.
4. Requests for Reinstatement must be submitted with the appropriate number of copies for each party and the Court. Failure to provide sufficient copies will result in the filing being rejected.
5. Revised forms to Request Alternative Service and Verification of Service by Mailing have also been prepared.

Any counsel who have multiple Reinstatement Requests pending should call 215-686-7983 for further instructions.

Seamus P. McCaffery,
Administrative Judge

Robert S. Blasi,
Supervising Judge, Civil



COMMONWEALTH OF PENNSYLVANIA

The Philadelphia Municipal Court

34 South 11th Street

Philadelphia, PA 19107

Louis J. Presenza, President Judge, Séamus P. McCaffery, Administrative Judge

REQUEST FOR ALTERNATIVE SERVICE¹

Civil Listings Unit, 5th Floor, 34 South 11th Street, Philadelphia, 215-686-7980, Maria DiMartino, Supervisor.

SC L/T NU CR #

Plaintiff(s) (including addresses)

Defendant(s) (including addresses)

PARTY VERIFICATION

I, _____, verify personal service has not been achieved and/or the last known address is a post office box for: (circle one or both and attach previous return of service)

Name of Party: _____ Address: _____

THE FOLLOWING SEARCHES HAVE BEEN MADE: (ATTACH ANY COPIES OF SEARCH RESULTS)

- ◇ Examination of telephone directories
- ◇ Inquiries made of neighbors or relatives
- ◇ Information from the Post Office
- ◇ Mail received by the party addressed to premises:

- ◇ Inquiries made of employers

- ◇ Inquiries made of Voter's Registration Bureau
- ◇ Inquiries made of Bureau of Motor Vehicles
- ◇ Inquiries made of tax records
- ◇ Inquiries made of business license records
- ◇ Inquiries made of Corporation Bureau
- ◇ Other: _____

Statements made are subject to the penalties for Unsworn Falsification to Authorities, 18 Pa. C.S. §4904.

Date: _____ Signature: _____
(Party or Attorney)

COURT APPROVAL

Service is authorized by mailing a copy of the Complaint, all attachments and this approval as follows:
(1) Certified Mail, return receipt requested; and (2) first class mail, postage prepaid with a Certificate of Mailing (Post Office Form 3817).
BY THE COURT:

Date: _____

NOTICE TO ALL PARTIES

SUMMONS: You are hereby ordered to appear for trial as follows:

Courtroom 4 ___ 34 South 11th Street, 4th floor
Philadelphia, PA 19107

Date:

Time:

This case has been rescheduled. Attached is a copy of the original complaint (which shows the original trial date). If you do not attend the new trial, a judgment may be entered against you and you may lose important property or other rights.

¹This completed form (in triplicate, plus a copy for each additional party) **must** accompany all requests for service other than personal service.



COMMONWEALTH OF PENNSYLVANIA
The Philadelphia Municipal Court
34 South 11th Street
Philadelphia, PA 19107
Louis J. Presenza, President Judge, Séamus P. McCaffery, Administrative Judge

REINSTATEMENT COVER SHEET¹

Civil Listings Unit, 5th Floor, 34 South 11th Street, Philadelphia, 215-686-7980, Maria DiMartino, Supervisor.

SC L/T NU CR #	
Plaintiff(s) (including addresses)	Defendant(s) (including addresses)

THE FOLLOWING MUST ACCOMPANY THIS FORM:

- ◇ Copy of the Complaint and all attachments
- ◇ Stamped, addressed business size envelopes
- ◇ \$12.00 Filing Fee
- ◇ Alternative Service Request
- ◇ Constable Service Form
- ◇ Other _____

PLUS THE FOLLOWING:

For Service at a New Address:

New Address:

- ◇ Writ Service (Phila. Writ Service) attach \$27.00 service fee
- ◇ Private Process Server (Attorney responsible for service)
- ◇ Constable Service (service to be made out of Philadelphia County) attach \$40.00 service fee
- ◇ Service Out of State

For Service at the Same Address: (Service was never made)

<ul style="list-style-type: none">◇ Alternative Service Requested<ul style="list-style-type: none">◇ Regular & Certified Mail, and Form 3817◇ Constable Service-attach service fee of \$40.00◇ Service Out of State	<ul style="list-style-type: none">◇ Special Instructions
<ul style="list-style-type: none">◇ Service was good on original filing (use Alternative Service)	Attorney for Plaintiff:

NOTICE TO ALL PARTIES

SUMMONS TO THE DEFENDANT: You are hereby ordered to appear for trial as follows:

Courtroom 4 ___ 34 South 11 th Street, 4 th floor Philadelphia, PA 19107	Date:	Time:
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This case has been rescheduled. Attached is a copy of the original complaint (which shows the original trial date). If you do not attend the new trial, a judgment may be entered against you and you may lose important property or other rights.

¹This completed form (in triplicate, plus a copy for each additional party) **must** accompany all requests for reinstatement along with all required documents, exhibits, and fees.

**FIRST JUDICIAL DISTRICT OF PENNSYLVANIA
PHILADELPHIA MUNICIPAL COURT
CIVIL DIVISION**

Plaintiff(s) (including addresses)	SC L/T NU CR #
Defendant(s) (including addresses)	

VERIFICATION OF SERVICE BY MAILING

I, _____, Plaintiff/Defendant hereby verify that I served:
_____, Plaintiff/Defendant with a true, correct and complete
copy of _____ (Name of pleading)

via:

- ◇ First Class Mail, Postage Prepaid (Certificate of Mailing, Post Office Form 3817)
- ◇ Certified Mail, Return Receipt Requested

on _____ . All receipts and/or returned mail is attached.
Date

◇ If the mail was returned marked either "UNCLAIMED" or "REFUSED",
the envelope so marked is attached.

◇ I affirm that the mail sent First Class had my return address and has
not been returned to me as of the date of this Verification.

Date:	Name of Verifier:
All statements herein are made subject to the criminal penalties of: 18 PA C.S.A. §4904 relating to Unsworn Falsification to Authorities.	