

COMPLAINT IN EJECTMENT

IT IS STRONGLY RECOMMENDED THAT YOU
CONSULT AN ATTORNEY.

DISCLAIMER

THE PROTHONOTARY OFFICE IS NOT PERMITTED TO GIVE YOU LEGAL ADVICE. THE INFORMATION IN THIS PACKET IS NOT A SUBSTITUTE FOR PROFESSIONAL LEGAL ADVICE. THE COURT ASSUMES NO RESPONSIBILITY AND ACCEPTS NO LIABILITY FOR ACTIONS TAKEN BY USERS OF THESE DOCUMENTS, INCLUDING RELIANCE ON THEIR CONTENTS. IF YOU WANT TO OBTAIN THE SERVICES OF AN ATTORNEY BUT DO NOT KNOW WHOM TO CONTACT, YOU MAY CALL THE BUCKS COUNTY LAWYER REFERRAL SERVICE AT 1-888-991-9922. ADDITIONALLY, FOR THOSE WHO QUALIFY, LIMITED LEGAL AIDE IS AVAILABLE 215-781-1111.

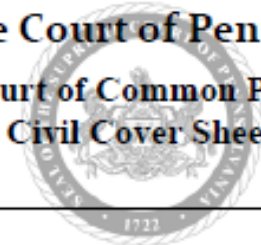
- Q. How do I remove someone from my premises who is not under a lease with me?
- A. You must first file a complaint in ejectment in the Prothonotary office of the Bucks County Justice Center which is located at 100 N Main Street, First floor, Doylestown, PA. The cost to file is \$258.50
- Q. Do I need an attorney?
- A. You may elect to hire an attorney, or you may represent yourself. If you represent yourself, you must familiarize yourself with the Pa. Rules of Civil Procedure.
- ❖ If you decide to represent yourself, a law library is available for research in the Justice Center on floor B1.

To commence your case, you will need a civil cover sheet, a notice to defend, a completed and signed complaint, a signed verification, and a signed certificate of compliance.

Once prepared, these can be filed in person at the Prothonotary office (please call ahead for appointment), or electronically through the Bucks County E-filing system. The contact number for the Prothonotary is 215-348-6191.

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	Commencement of Action: <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"/> Check here if you have no attorney (are a Self-Represented [Pro Se] Litigant)	

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	TORT (<i>do not include Mass Tort</i>) <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: _____ _____	CONTRACT (<i>do not include Judgments</i>) <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: _____ _____	CIVIL APPEALS 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: _____ _____
	MASS TORT <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: _____ _____	REAL PROPERTY <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: _____ _____	MISCELLANEOUS <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: _____ _____
	PROFESSIONAL LIABILITY <input type="checkbox"/> Dental <input type="checkbox"/> Legal <input type="checkbox"/> Medical <input type="checkbox"/> Other Professional: _____ _____		

IN THE COURT OF COMMON PLEAS OF BUCKS COUNTY
CIVIL DIVISION

Plaintiff No. _____
:
vs. : _____
:
:
:
:
Defendant : _____
Complaint

NOTICE

You have been sued in court. If you wish to defend against the claims set forth in the following pages you must take action within twenty (20) days after this complaint and notice are served by entering a written appearance personally or by attorney and filing in writing with the court your defenses or objections to the claims set forth against you. You are warned that if you fail to do so the case may proceed without you and a judgment may be entered against you by the court without further notice for any money claimed in the complaint or for any other claim or relief requested by the plaintiff. You may lose money or property or other rights important to you.

YOU SHOULD TAKE THIS PAPER TO YOUR LAWYER AT ONCE. IF YOU DO NOT HAVE A LAWYER OR CANNOT AFFORD ONE GO TO OR TELEPHONE THE OFFICES SET FORTH BELOW TO FIND OUT WHERE YOU CAN GET LEGAL HELP.

Bucks County Bar Association
135 East State Street
Doylestown, PA 18901
Phone (215) 348-9413, 1-800-479-8585
www.bucksbar.org

PA Bar Association: www.pabar.org

Attorney for _____

Attorney I.D. # _____

Please type or print name and address

IN THE COURT OF COMMON PLEAS OF BUCKS COUNTY
CIVIL DIVISION

Plaintiff(s)	Docket Number
vs.	

Defendant(s)	

COMPLAINT IN EJECTMENT

1. Plaintiff(s) is (are) _____ with an address of _____.
2. Defendant(s) is (are) _____ who occupy the Property located at _____.
3. Defendant(s) do not have a lease and Plaintiff(s) and Defendant(s) are not Landlord(s) and Tenant(s).
4. Plaintiff(s) is (are) entitled to immediate possession of the Property.
5. Plaintiff(s) has (have) demanded possession of the Property from the Defendant(s) and Defendant(s) has (have) refused to deliver up possession to Plaintiff(s).

VERIFICATION

Plaintiff(s) _____

hereby verify that the statements set forth in the foregoing Complaint are true and correct to the best of my knowledge, information and belief. I understand that these statements are made subject to the penalties of 18 Pa.C.S. §4904, relating to unsworn falsification to authorities.

Signature

Signature

Dated: _____

CERTIFICATE OF COMPLIANCE

I certify that this filing complies with the provisions of the *Public Access Policy of the Unified Judicial System of Pennsylvania: Case Records of the Appellate and Trial Courts* that require filing confidential information and documents differently than non-confidential information and documents.

Submitted by: _____

Signature: _____

Name: _____

Attorney No. (if applicable): _____