

WRIT OF CERTIORARI

TO

DISTRICT JUSTICE

COMMON PLEAS No.

PRAECIPE FOR WRIT OF CERTIORARI

NAME OF PARTY FILING THIS PRAECIPE AND OBTAINING THIS WRIT

CLAIM NO.

CV 20
LT 20

DATE JUDGMENT RENDERED

IN THE CASE OF (Plaintiff)

Vs.

(DEFENDANT)

The party named above claims that with respect to the above proceedings there was: (Check applicable box or boxes)

lack of jurisdiction over the subject matter

lack of jurisdiction over _____
(Name of party)

improper venue

such gross irregularity of procedure as to make the judgment void

PRAECIPE: To the Prothonotary

Issue Writ of Certiorari directing _____ District Justice to transmit to you a certified copy of the record of the proceedings named above.

(Signature of party filing Praecipe or his attorney or agent)

WRIT OF CERTIORARI

To: _____ District Justice

1. You are hereby directed by this writ to transmit to the Prothonotary of this Court of Common Pleas, within ten (10) days after you receive this writ, a certified true copy of the record of the proceedings named above.

2. This writ, when received by you, will operate as a SUPERSEDEAS to the judgment for possession in this case.
This block will be checked ONLY when this notation is required under Pa. R.C.P.D.J. No. 1013B.

Date delivered for service _____, 20____

(Signature of Prothonotary or Deputy)

COURT FILE

PROOF OF SERVICE OF WRIT OF CERTIORARI

(This proof of service MUST BE FILED WITHIN TEN (10) DAYS AFTER delivery of the writ for service)

COMMONWEALTH OF PENNSYLVANIA
COUNTY OF _____; ss

(Check applicable boxes)

AFFIDAVIT: I hereby swear or affirm that I served the Writ of Certiorari, Common Pleas No. , _____ upon the District Justice to whom it was directed on _____, 20____, by personal service, by (certified) (registered) mail, sender's receipt attached hereto, and that I served a copy of the writ upon the opposite party(ies) (name or names): _____ on _____, 20____, by personal service by (certified) (registered) mail, sender's receipt attached hereto.

SWORN (AFFIRMED) AND SUBSCRIBED BEFORE ME
THIS ____ DAY OF _____, 20____

(Signature of affiant)

(Signature of official before whom affidavit was made)

(Title of official)

My Commission expires on _____, 20____