

In the Court of Common Pleas, Montgomery County,  
 Pennsylvania, Criminal Division

IN RE: \_\_\_\_\_ : MD-  
 \_\_\_\_\_ :  
 \_\_\_\_\_ :  
 \_\_\_\_\_ :

**PETITION FOR APPOINTMENT OF DEPUTY CONSTABLE  
 (NON-ELECTION DAY)**

I, Constable \_\_\_\_\_, of \_\_\_\_\_ (Township/Borough),  
 Montgomery County petition the Court of Common Pleas of Montgomery  
 County for the appointment of a deputy constable for the following reasons:

- 1. \_\_\_\_\_  
 \_\_\_\_\_
- 2. \_\_\_\_\_  
 \_\_\_\_\_
- 3. \_\_\_\_\_  
 \_\_\_\_\_
- 4. \_\_\_\_\_  
 \_\_\_\_\_

I wish to deputize \_\_\_\_\_.

I certify that the above named individual resides in the Borough Ward or  
 Township where I am currently a Constable. Specifically, the individual resides  
 at \_\_\_\_\_,  
 Montgomery County and has his/her primary place of residence at the above  
 address.

Furthermore, I understand that in order to complete my application and have it considered by the Court, I MUST include the following documents as attachments to the petition:

- 1) A criminal background check of the individual to be deputized from all fifty states, including both child and sex abuse checks;
- 2) A statement from the Police Chief of the Borough or Township where the appointment is to be made attesting to the applicant's credibility and good standing in the community;
- 3) A statement by a District Judge in the Borough or Township where the appointment is to be made that a Deputy Constable is needed to alleviate a portion of the workload.

I fully understand that *I will be held responsible* for the actions, conduct, and performance of any individual whom I deputize. I agree that failure to recognize misconduct by any individual I deputize is a direct violation of the rules and regulations relating to constables and may lead to sanctions against me, up to and including removal from office.

I understand that by submitting this application I agree to abide by all rules and regulations relating to constables as issued by the Montgomery County Court of Common Pleas, the Montgomery County Clerk of Courts, and the Montgomery County District Attorney.

I verify that the information contained in this document and the attachments are true and correct to the best of my knowledge and belief and understand that any false statements I make are subject to 18 Pa.C.S.A. 4101 (relating to sworn falsification).

SIGNATURE: \_\_\_\_\_

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

Sworn and Subscribed  
Before me, this \_\_\_\_\_,  
Day of \_\_\_\_\_, 20\_\_\_\_.

In the Court of Common Pleas, Montgomery County,  
Pennsylvania, Criminal Division

IN RE: \_\_\_\_\_ : MD-  
: \_\_\_\_\_  
: \_\_\_\_\_  
: \_\_\_\_\_

VITAL STATISTICS AND STATEMENT OF ELIGIBILITY BY  
DEPUTY CONSTABLE APPLICANT

I, \_\_\_\_\_, having being nominated by  
\_\_\_\_\_, the Constable of \_\_\_\_\_,  
Montgomery County to the position of Deputy Constable verify my eligibility to  
become a Deputy Constable by certifying that:

- 1) I am a qualified elector of the Borough Ward or Township where I  
am being appointed Deputy Constable;
- 2) I have not been arrested or convicted of any misdemeanor or  
felonies;
- 3) I am able to fulfill the duties required of a Deputy Constable; and
- 4) I will attain constable certification and training from the  
Pennsylvania Commission on Crime and Delinquency.

I reside at \_\_\_\_\_,  
Montgomery County and certify that it is my primary residence.

My Pennsylvania Identification or Operator Number is \_\_\_\_\_.

My date of birth is \_\_\_\_\_.

I understand that in order for the Court to appoint me as a Deputy  
Constable, the following items MUST be included in my application and I  
consent to their use by the Courts to determine whether or not I will be granted  
a position as a Deputy Constable:

- 1) A criminal background check of the individual to be deputized from  
all fifty states, including both child and sex abuse checks;
- 2) A statement from the Police Chief of the Borough or Township  
where the appointment is to be made attesting to the applicant's  
credibility and good standing in the community;
- 3) A statement by a District Judge in the Borough or Township where  
the appointment is to be made that a Deputy Constable is needed  
to alleviate a portion of the workload.

I fully understand that *I will be held responsible* for my actions, conduct, and performance. I also understand that the Constable who I work under will also be held responsible for my actions, conduct, and performance. I understand that should I engage in any misconduct, I may be removed by the Constable or the Courts.

By signing this document I agree to all the terms and conditions as set forth in this document, including abiding by all rules and regulations relating to constables as issued by the Montgomery County Court of Common Pleas, the Montgomery County Clerk of Courts, and the Montgomery County District Attorney.

I verify that the information contained in this document and the attachments are true and correct to the best of my knowledge and belief and understand that any false statements I make are subject to 18 Pa.C.S.A. 4101 (relating to sworn falsification).

SIGNATURE: \_\_\_\_\_

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

Sworn and Subscribed  
Before me, this \_\_\_\_\_,  
Day of \_\_\_\_\_, 20\_\_\_\_.

**MONTGOMERY COUNTY  
BOARD OF COMMISSIONERS**

VALERIE A. ARKOOSH, MD, MPH, CHAIR  
KENNETH E. LAWRENCE, JR., VICE CHAIR  
JOSEPH C. GALE, COMMISSIONER



**CLERK OF COURTS**

MONTGOMERY COUNTY COURTHOUSE • PO Box 311  
NORRISTOWN, PA 19404-0311

610-278-3346  
FAX: 610-292-2153  
WWW.MONTCOPA.ORG

LORI SCHREIBER  
CLERK OF COURTS

JIMMY DIPLACIDO  
FIRST DEPUTY

NADINE DEANGELIS  
ASSISTANT DEPUTY

MELISSA JENKINS  
ASSISTANT DEPUTY

**VITAL STATISTICS**

1. NAME \_\_\_\_\_

2. CURRENT ADDRESS \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. PHONE NUMBER \_\_\_\_\_

4. EMAIL ADDRESS \_\_\_\_\_

5. SOCIAL SECURITY # \_\_\_\_\_

6. DATE OF BIRTH \_\_\_\_\_

7. WEIGHT \_\_\_\_\_

8. HEIGHT \_\_\_\_\_

9. HAIR COLOR \_\_\_\_\_

10. EYE COLOR \_\_\_\_\_

11. SPECIAL PHYSICAL CHARACTERISTICS (SCARS, TATOOS, ETC.) \_\_\_\_\_

\_\_\_\_\_