

IN THE COURT OF COMMON PLEAS OF WASHINGTON COUNTY, PENNSYLVANIA  
CIVIL DIVISION

_____
_____
_____
Plaintiff(s),
vs.
_____
_____
_____
Defendant(s).

No. \_\_\_\_\_

**NOTICE TO DEFEND**

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 an 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 claim or relief requested by the plaintiff(s). YOU MAY LOSE MONEY OR PROPERTY or other rights important to you.

**COMPLAINT IN ARBITRATION / SIMPLIFIED CIVIL COMPLAINT**

1. The Plaintiff's address is:

\_\_\_\_\_.

2. The Defendant's address is:

\_\_\_\_\_.

STATE BRIEFLY AND CONCISELY THE NATURE AND AMOUNT OF THE CLAIM  
(attach a separate piece of paper, if necessary):

On or about:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

WHEREFORE, Plaintiff claims damages from the Defendant in the sum of \$ \_\_\_\_\_.  
(Write the dollar amount that you are seeking.)

Dated: \_\_\_\_\_

\_\_\_\_\_  
(Print Name)

\_\_\_\_\_  
Plaintiff

## NOTICE TO DEFENDANT

YOU ARE HEREBY NOTIFIED TO RETURN “NOTICE OF INTENTION TO APPEAR” WITHIN TWENTY (20) DAYS FROM SERVICE HEREOF OR A JUDGMENT MAY BE ENTERED AGAINST YOU BEFORE THE HEARING. THIS MATTER WILL BE HEARD BY A BOARD OF ARBITRATORS AT A TIME, DATE AND PLACE TO BE SPECIFIED BUT, IF ONE OR MORE OF THE PARTIES IS NOT PRESENT AT THE HEARING, THE MATTER MAY BE HEARD AT THE SAME TIME AND DATE BEFORE A JUDGE OF THE COURT WITHOUT THE ABSENT PARTY OR PARTIES. THERE IS NO RIGHT TO A TRIAL *DE NOVO* ON APPEAL FROM A DECISION ENTERED BY A JUDGE.

## CERTIFICATION OF SERVICE AND VERIFICATION

I state that on or about \_\_\_\_\_ (insert date), I did notify the defendant of this action by mailing a true and correct copy of the Complaint to the defendant at the address set forth above by first class mail, postage prepaid.

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

Dated \_\_\_\_\_

\_\_\_\_\_  
Plaintiff

## DISCLAIMER

**Court staff cannot offer any legal advice or help you fill out this form.** The Court assumes no responsibility and accepts no liability for actions taken by users of this form, including reliance on its contents. If you want to obtain the services of an attorney but do not know who to contact, you may call the Lawyer Referral Service through the Washington County Bar Association. The phone number is 724-225-6710, and its address is 119 South College Street, Washington, PA 15301. If you cannot afford a lawyer, you may call Southwestern PA Legal Aid Society to see if you qualify for a free attorney. The phone number is 724-225-6170, and the address is 10 West Cherry Avenue, Washington, PA 15301.